Lectures
ON
SCRIVENERS' PALSY.

Delivered at St. Thomas's Hospital,

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LECTURE III.

GENTLEMEN,—Trusting that you have not forgotten what I told you in my last lecture regarding the anatomy of the spinal cord, its groups of cells and nerves connected therewith, I will now endeavour to prove to you that these cells are frequently diseased, and that upon such disease, in all probability, the scriveners' palsy depends. Scriveners' palsy is not, so far as we know, a fatal disease; patients do not die from it, but they may die with it, and as we have not yet any recorded case of a post-mortem after scriveners' palsy, I want you to look out for it. Nevertheless, it has been proved that these ganglionic cells are liable to disease—a disease which in its early stages cannot be recognised by the naked eye. The microscope must aid us. Thin sections of a healthy cord show all that beautiful anatomy, which my old pupil, Lockhart Clarke, has so perfectly elucidated that the Royal Society have awarded him the Royal Medal. In health the microscope shows the vesicles plump and transparent, with a distinct nucleus and nucleolus. In disease the microscope shows the vesicles no longer transparent, but more or less filled with granular matter, and the nucleus more or less obliterated. In Beale's "Archives," No. XIII., vol. iv., p. 41, you will find, from the pen of Mr. Lockhart Clarke, an admirable account of this granular degeneration. Again let me repeat that this description does not apply to a case of scriveners' palsy, and you will therefore please to understand distinctly that the account I am going to give you of granular degeneration and granular disintegration of vesicular neurine, as described by Lockhart Clarke, does not apply at the present time to scriveners' palsy. If, however, it should hereafter be proved that I am right in my theory, then also will be proved that granular degeneration in its early stage may be arrested, and that fresh and healthy cells are reproduced, if these cells are left completely at rest to perfect the reproduction of the cell-structure, and not interfered with during the reproductive action by attempts on the part of the patient to use the damaged centre of nervous power—in other words, by resting entirely the group of muscles which are called into co-ordinate action by such centres.

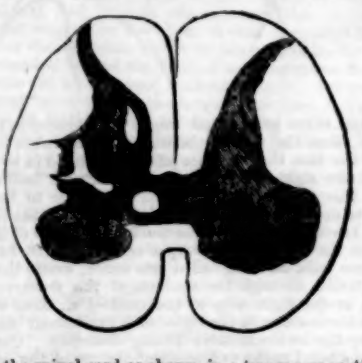
The first case in which Mr. Lockhart Clarke made this discovery of granular degeneration of nervous tissue in connexion with paralysis is described in vol. iii. of Beale's "Archives," beginning page 1. The whole paper ought to be, if it has not already been, perused by every practitioner of medicine and surgery. I referred to the facts in my lectures at the College of Surgeons the year before last, and I was surprised to find how many even of that learned body of men were unacquainted with the discovery which had been made. It is entitled, "An important Case of Muscular Atrophy, accompanied with Disease of the Spinal Cord." I do not think we shall often see this title again. It implies that the muscular atrophy was the disease, and the condition of the spinal cord the accompaniment; whereas the disease of the cord was the primary malady, and the muscular atrophy the necessary and invariable consequence of long-continued disease of its co-ordinating centre.

The only ground upon which pathologists could base the idea of muscular atrophy consequent upon paralysis without disease of the spinal cord has been cut from under their feet by this discovery. Hundreds of such cases have been examined, and reported to be free from disease because the disease was not patent to the naked eye. There is no longer any excuse for such nonsense. No post-mortem examination of the spinal cord can be considered as conclusive unless it is examined in thin slices under the microscope.

The important features of the case, and those which appear to me at all to bear upon the pathology of scriveners' palsy, are these. The patient was sixty-five years of age, leading a sedentary life, engaged in literary occupations. "In the end of 1855 he began to complain of neuralgic pains in the balls of the thumbs of both hands, which before long extended to the forearms and arms. After some months he was conscious of marked weakness in the hands, more especially in the right, soon followed by perceptible diminution of size in the muscles of the thumbs and index fingers, which also became bent inwards and towards the palms as an habitual posture. All this time, while his general health was good, and his body corpulent, he made great complaints of severe neuralgic pains shooting down his arms into the hands and thumbs, and also of weakness of the back. ..... Nothing abnormal could be detected in the organs of the chest or abdomen. The kidneys and bowels acted regularly, and apparently naturally; he had no tenderness of the spine, no headache, and his mind, when not turned on his own condition, was clear and rational."

The further history of Dr. P.'s case, up to the time of his death, in January, 1861, (the disease lasted, therefore, a little over five years,) "which was preceded for a few days, and possibly caused, by an attack of acute laryngitis, is nothing more than a detail of the gradual increase in the intensity of the symptoms already noted, and the extension of the pains to the lower limbs and feet, where the sensation of intense heat and burning was constantly complained of, aggravated by the act of walking."

I shall not attempt to give you the detailed account by Mr. Lockhart Clarke of the post-mortem appearances, but such a very brief abstract as will suffice for my present purpose. There was no disease of the pons Varolii or cerebellum. In a transverse section of the spinal cord, at the origin of the fourth pair of cervical nerves, three lesional spaces might be seen; and this diagram will explain their position. You will recognise the



shape of the spinal cord as shown in a transverse section, and the shape of the grey or vesicular neurine in its centre, like two irregular-shaped letters C placed back to back. The three white spots you see in the grey mass on the left hand are lesional spots, or spots of granular degeneration.

The next case in which Mr. Lockhart Clarke gives us the result of his inquiries was clearly not a case of scriveners' palsy, but extremely interesting in every point of view. The case is most ably related by Dr. Thudichum in the fourth volume of Beale's "Archives," page 26, and the brief abstract which I now mean to give you must not prevent your reading the whole account with care and attention.

The patient was forty-five years of age. The cause of disease was concussion of the spine produced simply by a jump, the patient coming down heavily on his heels. He was stunned at the time, confined to bed for a few days, and then appeared to get quite well. "It was, however, soon perceived that a great change had taken place in his habits. Having been extremely fond of manly sports and exercises—rowing, cricketing, riding on horseback, dancing, and the like,—he discontinued to take part in any of them, although he continued to go every autumn to the Scotch moors for the purpose of shooting grouse." At the age of fifty—i. e., five years after the accident, "while engaged in this latter sport, he perceived that his right leg had lost a part of its usual strength; that although he could perform with it every motion, yet he could not perform it in

the manner necessary for the purpose; that he could not put the foot in the exact place where he wanted to put it." In other words, that he could will the action of the muscles of the leg, and that they would obey the will, but, the co-ordinating power being lost, he could not combine their action so as to walk.

Mr. Clarke published in the *British and Foreign Medico-Chirurgical Review* (vol. xxx., p. 219) another interesting case of paralysis, with muscular atrophy and disease of the nervous centres, which Dr. Radcliffe brought to his notice. In this case, he says, "the ordinary and inefficient method of examining the nervous centres must have failed to detect minute structural changes upon which the wasting palsy was actually dependent, and would, perhaps, have resulted in recording the case as one of simple muscular atrophy. In this case the condition of granular degeneration had gone on to vesicular atrophy. The cells had shrunk: none of them were larger than the *nuclei* of the surrounding healthy cells; the majority were much smaller, without any traces of nuclei or distinct granular contents. These shrunken cells consisted of irregularly-stellate and apparently membranous bodies, which, in some instances, seemed shrivelled sheaths of healthy cells, or like radiating portions of the connective tissue." The accompanying diagram, taken from this paper, shows the relative proportion of the healthy, plump, vigorous cells, and the miserable shrunken sheaths to which by disease they have been reduced.

Amongst other proofs that might be adduced in favour of my view, that the seat of the disease is central in the spinal cord, is the fact that the use of the left hand in writing, instead of the right, will induce uncomfortable feeling in the latter. The explanation of which I suppose to be that in writing or drawing the action of the muscles of the left hand, the will having travelled by the conducting fibres of the spinal cord from the brain to the group of cells in the left half of the cord, these cells, on being called into action, excite their neighbouring cells, through the medium of the transverse commissure, in the right side of the cord—i. e., those which co-ordinate the muscles in the right, such excitement being manifested by the uncomfortable feeling described. One of my patients, when I spoke to him about the use of the left hand, said he would continue to use it if I wished, but he thought it would be better if he did not use either. He said: "If I write with my left hand, I feel an indescribable tingling feeling in the damaged hand, which does not subside on leaving off writing;" for instance, he continued to feel it whilst talking to me, having been writing half an hour previously. Occasionally he has the same kind of sensation in the right leg. He also says that he has had less of this discomfort since he has held the paper, on which he has to write, by strong clips instead of holding it steady by the right hand, and then, instead of keeping the right hand before him, putting it out of sight behind the body.

Regarding treatment, Virchow says the therapeutical indications to be followed in the treatment of these palsies are very doubtful. "In writers' cramp the application of all means of healing has proved fruitless. Neither narcotics, nor stimulants, nor tonics, nor nervines brought any advantage; just as little did counter-irritants, embrocations, electricity, or baths of any sort. Where rheumatism was the cause, Russian vapour-baths, cold douche, electricity, and embrocations, with oil of turpentine, were able to remove the complaint. The cutting through of the long muscle of the thumb was tried with some result by Stromeyer in a case in which writers' cramp was conditional on this muscle. Dieffenbach performed the cutting through of the muscle several times without being able to arrive at anything by it; Langenbeck, with a passing improvement. Nothing therefore remains but the application of different mechanical appliances which make writing possible. Many such are known, designed by Froschel, Cazenave, and others. One patient helped himself by means of placing the pen in a piece of wood bored through with holes, which he grasped with the whole hand, and so could regulate in writing.

As regards treatment, Romberg (*loc. cit.*, p. 323) says—"The treatment hitherto pursued, both local and general, has been invariably ineffectual, so that the patients generally ceased from all attempts at cure, and remained satisfied with mechanical contrivances, the object of which was more or less to cause a pressure upon the skin and the subjacent muscles. Stromeyer also applied the principle of division of the muscles to the cure of the writers' cramp, and in one case a brilliant result justified the antispasmodic reputation of tenotomy. As early as the fourteenth day after the subcutaneous division of the tendon of the flexor longus pollicis, the patient was able to resume his pianoforte-playing and to write. On the other hand, it is to be observed that the operation was perfectly ineffectual in several patients upon whom Dieffenbach operated."

The following passage regarding treatment in the relation by Drs. Adamson and Bell, of the case of Dr. P—— already referred to, is, I think, instructive.

"As regards treatment, it may be mentioned that he made a long-continued trial of the following remedies—viz., iodide of potassium with sarsaparilla, strychnine, quinine, valerianate of zinc, phosphate of zinc, arsenic, tinctures of lobelia and lupulus, of cantharides, ergot of rye, actea racemosa, with various mineral acids. Throughout the progress of the disease he employed occasional, and for the last two years regular, preparations of scammony and calomel. He had sedatives in every variety of form, externally and internally, and for the last three years took Battley's sedative solution every night, consuming about thirty ounces each year, besides trying chlorodyne, chloric ether, conium, henbane, lupulin, &c. &c. He tried galvanism and regular friction or shampooing of the limbs, wet bandages, &c. Subcutaneous injection of morphia was repeatedly tried when pain was concentrated in any individual spot.

"Amongst other systems of treatment, he made a lengthened trial of the waters at Aix-la-Chapelle, and visited also several other German baths, including a water-cure establishment. He also placed himself for a time under a quack doctor, whose grand specific was systematic friction and kneading of the spine. These plans of treatment he discontinued only on being thoroughly convinced that they did him no good.

"Counter-irritation along the spine was also had recourse to, but each and all without the experience of any, even temporary, relief. The diet was always generous, and with a liberal allowance of stimulants."*

No mention is made of complete and entire rest of the palsied hand when the disease first made its appearance. Believing as I do that this is the right course to pursue in the treatment of such cases, the fact that the employment of rest was not one of the remedial agents which so signally failed should encourage us to employ it in any similar case.

My own experience, then, in the treatment of these cases is very decided: rest—entire rest from the occupation that has produced the disease. If the disease is recognised early, then two months' entire rest will arrest its progress; at the end of that time strychnine is of service, but it is injurious when given in the early stage of the disease, and before rest. During the time of rest the health should be sustained and improved in every possible way. Fresh bracing air—mountain air if attainable—is of more service than all the tonics in the world. As regards tonics, they must be varied to suit the peculiarities of each constitution. Zinc, iron, and quinine are the tonics on which I rely most.

The following is one of the most striking cases of paralysis I know of, induced suddenly by little more than an hour's continued strain upon a nervous centre, confirming all that I have said regarding the controlling and co-ordinating power of the spinal cord:—A gentleman got into the five o'clock express train for Brighton. He was no sooner seated than he felt a strong desire to have the bowels relieved; but there was no help for it—the train started, nor did it stop till it reached its destination at a quarter past six o'clock. All this time the desire to go to stool increased more and more, but he restrained it successfully by a violent effort. The moment the train stopped he sprang out of the carriage, when the sphincter ani relaxed, and the contents of the bowels were poured out into his clothes. The curious part of the case is, that he became paraplegic. The spinal cord had been over-exerted, exhausted,

* Beale's Archives, vol. iii., p. 4.

and paralysed by the long-continued effort. In this case the brain, from which I suppose all must admit that the will emanated by which he desired to control his sphincter, did not give way. His intellect was not impaired, and the whole muscular system was not paralysed, only that portion which is supplied by the lower portion of the cord. I regard this as identical in its pathology to scriveners' palsy, only that the destruction of the nervous centre was sudden, not gradual. I do not know what treatment was adopted in this case, but, reasoning from analogy, I should have advised complete rest; that some arrangement should have been made to prevent his ever having to control the action of the bowels if he had retained in any degree that power.

Having told you all I know, or fancy I know, concerning this palsy, and all the speculations I have made regarding the pathological changes produced by or productive of the disease, I will ask you to carry on the subject. If you meet with any cases amongst the poor classes of our working men, send them here, and I will give them a bed and do the best I can to cure them. If you hear of any such cases—and mind you inquire for them when you go into the country for your Christmas holidays—get your medical friends to watch them; and, if they can obtain a post-mortem, ask them to send me the cervical enlargement of the cord (if they cannot obtain the whole), and we will make sections after the plan recommended by Lockhart Clarke, and test the validity of my views respecting its morbid anatomy.

EXCISION OF THE TONGUE.

By JAMES SYME, Esq.,

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SOME years ago I endeavoured on two occasions to afford relief from disease of the tongue, otherwise incurable, by cutting out the entire organ; but, as both cases terminated unfavourably, I felt no desire to repeat the experiment, and have repeatedly declined doing so under circumstances of a very urgent character.

In the early part of November last, Mr. W——, aged fifty-two, from Manchester, applied to me on account of a very formidable morbid condition, affecting his tongue. From its point to the root it was swollen and indurated, the surface being of a brown colour and roughly tuberculated, so as to resemble the back of a toad. It was also nearly quite immovable, and, from completely filling the mouth, not only prevented articulation, but rendered deglutition impossible with respect to solids and extremely difficult in regard to fluids. From the same state of matters, there was a most offensive fetor through mucus secreted by the unhealthy surface not being permitted to escape.

The patient informed me in writing that he had suffered from uneasiness in his tongue for many years, but that neither articulation nor deglutition was seriously affected until 1862, since which time he had been under medical treatment in London as well as Manchester without experiencing any benefit. As palliation seemed all that could be expected, I offered some suggestions with this view, and advised that no time should be lost in returning home. But soon after his arrival there I began to receive from the patient very painful letters, reporting aggravation of the symptoms, especially in regard to deglutition, so that death from starvation seemed imminent, and urgently desiring some means of relief. To these appeals I replied that the only effectual remedy was removal of the tongue, and that this could not be done without very serious danger to life, so that the operation promised nothing more than a chance of escape. This slight encouragement brought the patient back, and he arrived here on the 27th of December.

Being thus as it were compelled to make another trial of excision, I carefully considered all the circumstances concerned that might tend to interfere with its successful performance. Of these the one which most prominently presented itself was the prevention of voluntary deglutition that must result from depriving the os hyoides of the power by which it is drawn forwards. In the common cases of cut-throat, where a large transverse wound is made into the pharynx, although the suicide rarely accomplishes his object in the first instance, he still more rarely escapes the fatal effect of pulmonary inflammation induced by irritation propagated from the larynx; and I did not forget that both the patients on whom I had performed the operation in question died from purulent effusion into the lungs. Instead, therefore, of cutting through all the muscles of the os hyoides, as had been done in the former cases, I resolved to retain the mylo-hyodei and genio-hyodei entire, and divide merely the attachments of the genio-hyoglossi. I also thought it would be better to perform the operation without chloroform, since the patient, instead of lying horizontally, might thus be seated on a chair, so as to let the blood run out of his mouth and not pass backwards into the pharynx.

The operation was performed on the 29th, with the assistance of Mr. Annandale, Dr. Sewell, and Mr. Cheyne, to the first of whom I am especially indebted for his able co-operation. Having extracted one of the front incisors, I cut through the middle of the lip and continued the incision down to the os hyoides, then sawed through the jaw in the same line, and, insinuating my finger under the tongue as a guide to the knife, divided the mucous lining of the mouth, together with the attachment of the genio-hyoglossi. While the two halves of the bone were held apart I dissected backwards and cut through the hyoglossi along with the mucous membrane covering them, so as to allow the tongue to be pulled forward and bring into view the situation of the lingual arteries, which were cut and tied, first on one side and then on the other. The process might now have been at once completed had I not feared that the epiglottis might be implicated in the disease, which extended beyond the reach of my finger, and thus suffer injury from the knife if used without a guide. I therefore cut away about two-thirds of the tongue, and then, being able to reach the os hyoides with my finger, retained it there while the remaining attachments were divided by the knife in my other hand close to the bone. Some small arterial branches having been tied, the edges of the wound were brought together and retained by silver sutures, except at the lowest part, where the ligatures were allowed to maintain a drain for the discharge of fluids from the cavity.

Next day I visited the patient, and finding him in all respects comfortable, inquired if he could swallow. In reply he pointed to a drinking-cup containing milk, and intimated that he wished it to be filled; then, placing the spout between his lips, while his head was bent backwards, he drank the whole without any cough or spluttering. Having seen this, I felt assured that the result would be satisfactory, and was not disappointed, as everything went on well afterwards. The only inconvenience experienced was from the edges of the jaw being occasionally displaced; but this was easily remedied by an ingenious contrivance of Mr. Wilson, the dentist, who, finding that a silver cap inclosing the teeth, was not sufficient for the purpose, fashioned a shield of gutta-percha, embracing the chin on each side, and secured to the metal plate by a wire.

Under an ample supply of nourishment by milk, soup, and soft solid food, there was a rapid return of strength, so that an improvement in this respect was almost daily observable, and before the end of three weeks the patient declared that he had never felt better in his life. He returned to Manchester on the 23rd of January.

Excision of the tongue has thus afforded complete relief in a case of the most formidable and distressing disease. How far the relief thus obtained may prove permanent, and how far it may admit of being extended to cases of a similar kind, are questions that can be determined only by experience. But the frequency of malignant growth affecting the tongue in an otherwise sound state of the system urgently requires the truth to be ascertained in regard to the value of a remedial measure; and if the operation is now, as I trust it has been, freed from the chief danger attending its performance, facts sufficient for the purpose will probably ere long be accumulated.

Edinburgh, January, 1865.

REMARKS
ON
SOME OF THE FORMS OF EPIDEMIC DISEASE RECENTLY PREVALENT.

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I PROPOSE in this paper to offer a few remarks upon some of the forms of epidemic disease which have recently fallen under my notice.

I. During the last six weeks influenza, or severe colds with considerable febrile disturbance, has been unusually prevalent; this corresponding with the frequent and great changes of weather which we have experienced during the time. The forms which these attacks have assumed have varied considerably in different cases.

The most frequent affections have been severe catarrhs, with considerable fever. The attacks usually commenced suddenly with a feeling of coldness or decided rigors, followed by flushes of heat, running from the nose, lachrymation, and sore-throat; headache; pains in the eyeballs, face, trunk, and extremities; often deafness, and a severe harsh cough, with expectoration. The appetite was from the first entirely lost, and sometimes there was sickness; the bowels were either confined or relaxed; the tongue coated with a whity-brown fur; the pulse quick and feeble, and the strength much prostrated. Generally there was tightness, or soreness, or flying pains in some part of the chest, increased on coughing or drawing a full breath, and usually all the symptoms were aggravated towards night. After these symptoms had continued for two or three days they subsided, leaving, however, the patients extremely weak, and it was usually some time before the appetite returned, and they recovered their ordinary vigour.

In some cases the catarrhal symptoms were more marked, assuming the form of severe ulcerated or sloughy sore-throat, subacute laryngeal affection, more or less active bronchitis, and pneumonia or pleuro-pneumonia; but the most frequent complication was the combination of bronchitis of the smaller tubes with collapse or inflammation of the tissue of the lungs. In these cases of broncho-pneumonia the attack usually commenced suddenly, as in the cases of uncomplicated influenza; in some instances, however, the affection supervened on some slight exposure, after the patient had been a few days suffering from the symptoms of common cold. The patient from the first was usually much prostrated, the pulse was uniformly weak, and generally quick; there was mostly an herpetic eruption around the mouth; the tongue was thickly coated, and the skin hot; the appetite was abolished, and the bowels sometimes confined, sometimes relaxed; there was usually from the first difficulty of breathing and pain fixed in some part of the chest, and increased on coughing or drawing a full breath; a severe cough and expectoration, partly of glairly, colourless, and airless mucus, partly of glairy sputum, of a russet or bright bloody tinge, and containing small air-bells. If the patient was seen quite at the commencement of the attack, fine crepitation was heard in one or both dorsal regions, about the lower angle of the scapula, with sibilant rhonchus, or very feeble respiratory sounds, in other parts of the chest. Subsequently the resonance on percussion became more or less impaired, the voice and cough resounded unduly, and there was bronchial respiration in the part first affected, with subcrepitant rhonchus around, and sibilant rhonchus in other places. With the advance of the disease the general symptoms also became more marked: the prostration of strength was extreme; there was generally severe headache and torpor of mind, sometimes with delirium; the tongue became dry and brown, the pulse very weak, and if diarrhœa had not previously been present it very generally supervened. Though, however, these cases were very threatening in their appearance, and proved very fatal to the aged and infirm, in young and healthy subjects the inflammation usually rapidly subsided, and the patients recovered, to a certain point, more rapidly than, from the urgency of the symptoms, might have been anticipated, though it was generally a long time before their health was fully re-established.

In other cases the symptoms were chiefly rheumatic; the pains in the eyeballs, face, trunk, and limbs were excessive, and became so aggravated towards night that the patients were incapable of procuring any rest, and not unfrequently became more or less delirious during the night. Profuse sweating was common in this form of affection, and an icteroid tinging of the conjunctivæ or surface generally, with diarrhœa.

In yet other cases, the affection assumed the form of simple fever, with catarrhal symptoms, but of no great severity, and continued for several days, resembling an ordinary case of fever, but without the distinctive features of typhus or typhoid. In all these forms of affection, however, the peculiar characteristic was the excessive prostration of strength, altogether disproportionate to the urgency of the local affections, and the slowness with which the patients recovered, even in the cases where the previous indisposition had been only slight. In several cases of each of the forms, I observed a peculiar slowness of pulse, not only in the active stages of the disease, but continuing even during advanced convalescence.

The following case of pneumonia affords an example of the readiness with which the pulmonary complications of influenza often yield to the employment of very simple means, provided the treatment be commenced in the early stage:—

1. A. B——, aged fifteen, an errand-boy at a photographic establishment, was admitted into Edward's ward on the 9th of December, 1864. He states that eight days before he had put on damp clothes, and shortly afterwards found that he had taken cold; and, in two or three days, began to suffer from pain in the chest.

Dec. 8th.—He now complains of pain in the front of the chest, and has a cough, with some expectoration, the sputum being partly glairy and colourless, partly of a reddish tinge, and containing small air-bells, and adhesive. His tongue is thickly coated with a brownish fur, and somewhat dry; skin warm, but moist; pulse feeble, 72 in the minute. There is some general deficiency of the resonance on percussion in both dorsal regions, but it is most marked on the right side. The vocal thrill in that situation is much exaggerated. On auscultation, fine crepitation is there audible with the ordinary breathing, and it becomes more distinct when he draws a full inspiration, and especially in inspiring after having coughed. The expiratory sound is prolonged and more audible, and the resonance with the cough and voice is increased. There is also a loud bronchial snuffle when he coughs. Similar signs exist in the left dorsal region, but to a less degree. To take citrate of potash mixture every four hours. To have warm linseed-meal poultices applied over both dorsal regions, and these to be changed frequently.

10th.—He is now much prostrated; the tongue somewhat brown, but moist; the pulse quiet, and not accelerated. The deficiency of the resonance on percussion in the dorsal regions, especially on the right side, is more marked; and there is in the latter situation decided bronchial respiration, and loud resonance when he coughs and speaks. To continue the mixture and poultices. To have half a glass of wine every four hours.

13th.—The appearance of oppression is much less, and his tongue is cleaner and moister; but the physical signs continue much as before.

15th.—His appearance is much improved. The pulse feeble and slow, 56 in the minute; the respiration free, 28; his tongue is moist, and perfectly clean; skin cool and moist. He has no pain in the chest, cough, or expectoration; but there is still slight deficiency of the resonance on percussion in the right lower dorsal region, and a little mucous rhonchus is there audible, but without any marked increase of the resonance with the cough and voice. To continue the wine; to have the cinchona and acid mixture.

19th.—He has continued steadily to improve, and there are no signs of disease to be detected in the chest, though the respiratory sounds are feeble in both dorsal regions. He takes food well, and is gaining strength; his pulse is 64, and still weak; and the respirations are 16.

29th.—Presented cured.

II. During the whole summer and autumn typhoid fever has been also unusually prevalent, and the disease has presented certain features which are somewhat different from those which commonly characterize it. The attack was often more severe, and the early course of the disease more rapid, than is usually the case; the characteristic eruption was of more constant occurrence; diarrhœa was frequently absent, and in some cases the bowels were confined during the whole course of the attack; and yet hæmorrhage from the bowels appears to have been more frequent and more serious than it generally is. Indeed, during the summer I lost a patient from

the immediate effect of a copious hæmorrhage; a second similar case occurred at the same time in the hospital, under Dr. Barker; and about a month ago I went down into the country to see a patient suffering from typhoid fever, and who, the day after I saw him, was taken ill with hæmorrhage, under which he sank. I have also heard of several other cases in which large losses of blood occurred in typhoid about the same time, though the patients recovered. Of the three cases referred to I will give brief abstracts.

2. The case which fell under my own notice was that of a female, aged twenty-seven, who was admitted into St. Thomas's Hospital on the 2nd of July. She stated at the time of her admission that she had been ailing for about three weeks, but seriously ill for only two days. She was somewhat prostrated and torpid; the pulse slightly accelerated; the tongue covered with a whity-brown fur; and a few spots, rose-coloured, slightly elevated, and distinctly typhoid, were situated on the thorax and abdomen. There was no pain or tenderness on pressure in any part of the abdomen, and the bowels were acted upon naturally once daily. On the 4th she was more prostrated, and there was considerable torpor of mind; the tongue was dry and brown, but the bowels still acted naturally. Two days afterwards—the sixth day of active illness—she suddenly passed, at seven A.M., about a pint of blood, and discharges continued at intervals, so that she voided altogether about two quarts. She rapidly became collapsed, and died at thirty-five minutes past five P.M.

On examination after death no material disease was found in any part of the body except in the alimentary canal, and the changes were there limited to the lower portion of the ileum and the cæcum and colon. Those portions of the bowel contained a large quantity of blood, partly fluid and partly in dark-red coagula. Several of the patches of Peyer displayed thick masses of typhoid deposit, and the mucous membrane over them had in some places just begun to ulcerate. Near the cæcum there was a large patch with a portion of the mucous membrane sloughing, and a similar slough existed on the ileo-cæcal valve. The colon contained a few small masses of deposit, one or two of which were beginning to ulcerate; and the follicles in the colon were unusually distinct. A small cyst in the ovary was full of blood and pus; there was a recent corpus luteum, and the uterus was retroverted.

3. Dr. Barker's patient was a girl, fourteen years of age, who was admitted into the hospital on the 5th of July, 1864, and presented symptoms of typhoid fever, under which she had laboured for nine days. The symptoms commenced gradually, and she had been confined to bed a week. There was no eruption on the skin, and the bowels were not relaxed. She was quite rational, and the symptoms indicated only a slight attack.

On July 7th, at seven P.M., she passed blood from the bowels, and shortly afterwards three other evacuations of almost unmixed blood were voided. Altogether she lost from three to four pints, and sank rapidly, dying at a quarter to ten the same evening.

On examination, the mucous membrane of the ileum was somewhat congested, especially at its lower part, and for the space of about a foot from the cæcum it contained numerous typhoid deposits in the agminate follicles, over many of which the membrane was entire; while in others it had ulcerated, in some over a large portion of the patch; in one or two places the ulceration extended nearly to the serous coat. The large intestines were healthy, the disease ceasing at the ileo-cæcal valve. The intestines contained very little fæcal matter. The spleen was congested, and weighed nine ounces. The other organs were all healthy.

The notices of the post-mortem examinations in these cases are taken from the notes of Dr. Hicks, the demonstrator of morbid anatomy and curator of the museum at St. Thomas's.

4. For the particulars of the case which I saw in the country I am indebted to Dr. Wyman, of Hatfield Broad Oak. The subject of the case was a clergyman, thirty-eight years of age, who had been out of health for some months, and had come recently from Lancashire, where he had had much work and anxiety during the cotton famine. He had some time previously had an attack of rheumatic fever.

The patient was first seen by Dr. Wyman on October 3rd, and then complained of general indisposition and feeling of languor. His tongue was coated and the bowels confined. A mild aperient was given to him, and he was directed to take some quinine and acid. He, however, got worse, and had at intervals attacks of sickness.

On Oct. 12th, or the ninth day of illness, some rose-coloured spots were observed on the abdomen, examination not having been previously made.

On the 14th, severe diarrhœa occurred during the night; but this was checked, and for several days no fresh spots appeared, and he was upon the whole better.

On the 26th, or twenty-third day of illness, he was taken much worse; the sickness again came on, his pulse became more frequent and the tongue dry and brown, and fresh spots made their appearance. He continued to get worse, suffering at intervals from sickness and diarrhœa.

On the 5th of November, or the thirty-third day of illness, I saw him with Dr. Wyman and Mr. Scarr, of Bishops Stortford. He was then quite intelligent, but had an oppressed look, and spoke in a slow, somewhat hesitating way, which, however, I was told was natural to him. His tongue was dry and morbidly red; his pulse not quick, and of fair volume; and the bowels were acted upon two or three times daily. He was, however, much prostrated, and had passed one or two motions in the bed, not from want of consciousness, but from want of power over the sphincter. There was also considerable tympanitic distension of the abdomen, and some tenderness on pressure. There were several typhoid spots on the skin. He had been taking tonics and stimulants, with astringents and opiates to control the diarrhœa, and the same system was decided to be still carried out.

The following day he was worse, and at eight P.M. he began to pass large quantities of blood by stool, and this continued at intervals all that night and throughout the next day till half-past three P.M. on the 8th, or thirty-sixth day of illness, when he died. No post-mortem examination took place.

The cases which I have related are, I believe, instances of an unusual occurrence in typhoid fever. I have generally regarded the passage of small quantities of blood during the course of the disease as not of much importance; and I have not previously seen any cases in which the patients have died from the direct effect of the hæmorrhage, though several have fallen under my notice in which large quantities of blood have been passed. Indeed, of the only four cases of which I possess notes, in which patients who have had copious hæmorrhage from the bowels have subsequently died, two died during advanced convalescence, and from causes having no connexion with the hæmorrhage; while in the other two the bleeding could only indirectly have conduced to the fatal result.

It will be observed that the cases in which the fatal hæmorrhage occurred varied considerably in severity. In my own case, the symptoms during life were not such as to indicate that the attack would prove a severe one; and after death the disease in the intestines was not extensive, there being but few plates in the ileum which were enlarged, and only two which were sloughy; while in the cæcum only a few follicles were enlarged and beginning to ulcerate. In Dr. Barker's case, the symptoms also during life were not urgent; but the disease in the intestines was much more considerable, though limited to the lower portion of the ileum; there being numerous ulcers of the agminate glands, some of which penetrated deeply into the intestinal coats. In Dr. Wyman's case, the disease in the early stage was rather prolonged than urgent; but in the relapse it became more severe, there being vomiting, diarrhœa, and involuntary discharge of the stools. I believe the occurrence of urgent sickness and vomiting in the early stage of typhoid may, as in scarlatina, be regarded as indicating a severe form of the disease. In all the four other cases to which I have referred, though the patients recovered from the fever in two instances, and died at late periods after the hæmorrhage in the other two, the attacks were severe. The period at which the bleeding occurred varied considerably in the different cases, but in all it took place during the active progress of the intestinal disease. Thus in my own case the hæmorrhage took place on the sixth day of active illness, and the patient died in ten hours and a half; in Dr. Barker's case the bleeding came on on the eleventh day of the fever, and the patient survived for scarcely three hours; and in Dr. Wyman's case the hæmorrhage occurred on the thirty-fourth day of illness, and the patient sank in forty-three hours and a half. Of the four other cases mentioned, in one the discharge of blood occurred on the eighteenth day of fever, and the patient survived four days; in the other the bleeding took place on the twenty-fourth day, and the patient died on the thirty-sixth. In the two cases in which the patients did not die in any degree from the hæmorrhage, the patients had the bleeding early in the attacks, and died, one after an illness of seven weeks of arachnitis originating in otitis, and the other after eight weeks of pleuritic effusion. In the former case, the patient had been discharged from the hospital as cured; in the latter, he was only admitted when the pleurisy had commenced.

In two of the cases last-named, the patients passed bloody urine as well as discharging blood by stool, and in a third there was copious epistaxis, and blood was also discharged from the ear. Dr. Wyman, in reporting the former case, says that about the same time he had another case of typhoid under treatment, in a boy eight years of age, who both passed blood by stool, and vomited blood. It is well known that epistaxis is of frequent occurrence during the early stages of typhoid. I have known large losses of blood very rapidly take place, and the patient be so placed in imminent danger; and a case in which a large loss of blood occurred from the nose fell under my notice in the hospital a few months ago. This frequent occurrence of hæmorrhage from other parts in typhoid, and the discharge of blood from several surfaces at the same time, indicate that the intestinal hæmorrhage is not due simply to the erosion of some large vessel, but depends, in part at least, upon the altered qualities of the blood under the influence of the fever-poison. The same was a not unfrequent source of danger in the relapsing fever of Edinburgh in 1843, in which disease there was no intestinal affection, and often nothing to be detected in the bowels after death, except some congestion of the mucous membrane. It is curious that hæmorrhages from the mucous membranes should be so common in these two forms of fever, while subcutaneous hæmorrhage is rare in them. In typhus, on the contrary, intestinal hæmorrhage seldom, if ever, occurs, though blood is occasionally found extravasated internally, as on the membranes of the brain or in the abdominal muscles; and yet the eruption which appears on the skin becomes always more or less petechial towards the later period of the disease, and often there are large ecchymoses, especially on the dependent parts. In the two cases in which the bodies were examined after death, the precise source from which the discharge of blood had occurred could not be detected, and it is very possible that no very large vessel had in either case been eroded.

(To be concluded.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

SIX CASES OF COMPOUND FRACTURE OF THE SKULL; TREPHINING IN ALL, WITH RECOVERY IN TWO; CLINICAL REMARKS.

(Under the care of Mr. MAUNDER.)

CASE 1. *Compound fracture of the left parietal bone; trephining; death.*—W. C——, aged six years, was kicked by a horse on August 12th, 1863. The blow caused a compound fracture, and through the wound in the scalp one or two points of bone were felt. On the 16th, the child having been brought to the hospital, intermitting convulsions of the right extremities and of the left face were observed, but hitherto no untoward symptom had attracted the notice of the friends. An incision to enlarge the wound disclosed a portion of bone depressed into the substance of the brain. The trephine and elevator adjusted the parts, but the convulsions persisted, and the patient died in a few days.

At the post-mortem examination there was loss of brain-substance opposite the seat of injury, with pus on the visceral arachnoid covering the left and damaged hemisphere.

CASE 2. *Compound fracture of the frontal bone; trephining; recovery.*—M. N——, aged thirty-six, sustained a fracture of the right frontal eminence with a shovel. A portion of bone was depressed to the extent of three-fourths of an inch, but not completely detached. The symptoms were those of slight concussion. A small trephine was immediately applied to remove the external table of bone only, and thus to admit of the insertion of the elevator into the diploe of the depressed portion. Ice ordered to the wound, and to take a smart purge; milk diet.

Sept. 25th (and forty-eight hours after the operation, during which he lost a fair quantity of arterial blood).—During the last three hours the patient has been listless, restless, and indisposed to rouse himself when addressed. Pulse 78, soft and compressible; skin normal; respiration quick. Ordered eight ounces of wine, to be cautiously administered, and its effects to be closely watched.

26th.—Much improved; quite rational and hungry.

Oct. 30th.—The wound is nearly closed, and the patient will leave the hospital in a few days.

The administration of wine, after the lapse of only forty-eight hours, to a patient the subject of a compound fracture of the skull, is, doubtless, rarely admissible; but, taking his general (asthenic) condition into consideration, and not forgetting the previous loss of blood, the stimulant was indicated, and its effect eminently beneficial. The patient rallied immediately.

CASE 3. *Compound fracture of left parietal bone; trephining; death.*—D. H——, aged twenty-one, received a blow with a brick-end three weeks before his admission into hospital on March 9th, 1864. He was then comatose; pulse 46; left pupil dilated; breathing slightly stertorous; moved his left arm slightly when turned over to his right side; right forearm flexed and rigid; right lower extremity extended, but rigid. A small wound of the scalp admitted the point only of the index finger. The urine highly ammoniacal, and flowing per urethram; the right groin and scrotum blistered by contact with the urine; tendency to bed-sore on the right buttock. A crucial incision disclosed a small fissure in the left parietal bone near its supero-posterior angle. The bone was bared of pericranium to the dimensions of a florin, and the fissure contained some hair. The application of the trephine was followed by the flow of about half an ounce of offensive pus, and the pulsations of the brain were presently observed. The dura mater appeared discoloured, but intact. The patient now opened his eyes, and put the left hand to his head. One or two small fragments of the inner table were picked out.

March 10th.—Two P.M.: The young man recognised his sister this morning. He put his tongue out when asked to do so. The right arm paralysed and slightly rigid; the right leg not absolutely immovable.

11th.—Has been on his back all day, and quite listless; pulse weaker and quicker; profuse perspiration.

12th.—Better to-day; is sensible.

13th.—Has used the left hand to feed himself to-day.

18th.—Has gradually become weaker and insensible, and expired to-day.

Post-mortem examination.—The dura mater was separated from the skull to the extent of a five-shilling piece opposite the seat of injury, except at the very border of the aperture made by the trephine, where it was adherent by recent lymph. There was a small laceration of the dura mater, but this had not admitted of intercommunication between the abscess in the brain-substance; none found to exist opposite to the seat of injury and the abscess between the dura mater and the bone, which had been evacuated by the trephine. Bed-sore on the right buttock; pneumonia of the right lung.

The previous history of this latter case (the patient going to work for a fortnight subsequent to the accident) forcibly illustrates the necessity for keeping a watchful eye upon all cases of severe injury to the head, and especially when injury to the bone is either suspected or known to exist. The immediate effect of the use of the trephine (a return to consciousness) was very gratifying; but the persistence of the paralysis of the right extremities indicated deeper mischief, and was, doubtless, due to the presence of the abscess in the substance of the brain, only discovered after death.

CASE 4. *Compound fracture of the left parietal bone; trephining; death.*—P. K——, aged four years, received a kick from a horse over the posterior part of the parietal bone, and was admitted into the hospital on the 13th of May. A portion of bone was detached, depressed, and wedged firmly under the sound bone. No symptoms. The trephine, twice applied, admitted of extraction of the fragment. Brain pulsated; dura mater intact. The case did well up to the 21st, when the boy was taken out of the hospital contrary to advice. A

few days later this patient died with symptoms of pyæmia in the German Hospital. Pyæmic abscesses were found after death in most of the important viscera.

CASE 5. *Compound comminuted fracture of the skull; trephining; recovery.*—W. S——, aged fourteen, admitted on the 19th of September with depressed comminuted fracture of the occiput on the left side. No symptoms. Hey's saw favoured the extraction and removal of fragments of bone. Dura mater sound; brain pulsated. Ice to wound. On Oct. 16th he had experienced no bad symptom, and the wound was closing.

CASE 6. *Compound fracture of the left parietal bone; trephining; death.* — W. J——, nine years of age, was admitted on Oct. 3rd with a depressed fracture of the parietal bone, under the care of Mr. Hutchinson. The patient had a congenital squint. During the first four days the chief symptom of injury to the head was an intermittent pulse. On the fifth and two following days pyrexia set in, and became aggravated, with intense pain in the head at the seat of injury. Mr. Maunder now saw the case in the absence of Mr. Hutchinson. Besides high fever, a twitching of the right side of the face had been observed; and although the depression of bone appeared to be insufficient to account for the irritation, the trephine was used as an exploratory measure, and about a teaspoonful of thick pus, apparently between the bone and dura mater, escaped. The boy expressed relief from pain. To take frequent doses of tartar emetic, and omit the mercury.

Oct. 10th.—The pain in the head recurred during the night, and persists; partial ptosis of the left eyelid; the temperature of the right arm is higher than that of the left. Continue the antimony, and rub in half a drachm of strong mercurial ointment thrice daily.

11th.—Continue the remedies.

12th.—Irritable when touched; does not recognise his friends; right temple, cheek, and eyelid swelled and red. Died.

The following clinical remarks were made by Mr. Maunder:—Of these six cases, only two (2 and 5) recovered, and these, it will be observed, were submitted to operation at once, in order to elevate and remove depressed and splintered bone, which it was believed would ultimately lead to symptoms of irritation by their abnormal relation to the dura mater. For a similar reason Case 4 was operated upon at once, but with a fatal result from pyæmia, an accident which may attend the slightest wound. In Case 1 the extent of the injury was unknown until symptoms of irritation set in; but at this period surgery was unequal to the task. The depressed fracture was concealed by the soft parts overlying it, being irregularly lacerated, the pericranium being to a great extent intact, although a fragment of bone had penetrated the brain. In Case 5, too, the extent of the injury was not fully known until an exploratory incision had been made, and this plan should invariably be adopted in instances of compound fracture in which the precise condition of the bone cannot be otherwise demonstrated. One practical inference may be deduced from these cases—i. e., when the depressed fracture is of small extent, and approaches the physical characters of what is termed a "punctured" fracture, symptoms should be anticipated by operative interference. In a case now under care, the patient being a child, instead of using the trephine to admit the elevator, Mr. Maunder effected this purpose by cutting away a portion of the overhanging bone with "cutting" forceps.

KING'S COLLEGE HOSPITAL.

CASE OF INOCULATION OF SYPHILIS FROM THE DISCHARGE OF A SECONDARY SORE, THE DISEASE BEING COMMUNICATED FROM THE MOUTH OF THE HUSBAND TO THE WIFE'S CHEEK; CLINICAL REMARKS.

(Under the care of Mr. WATSON.)

THE following very interesting and instructive case is given from notes by Mr. Anderson, the dresser of the patient:—

Catherine W——, admitted Nov. 16th, 1864, with an indurated, distinctly circumscribed swelling, of the size of a five-shilling piece, situated immediately above the left angle of the mouth. It was of a reddish-purple colour in the greater part of its area, but had in the centre a patch of excoriation of the size of a shilling, but without any ulceration. Under the jaw of the same side several lymphatic glands were enlarged and indurated. She also complained of sore-throat, but there was no ulceration of the tonsils. These symptoms had lasted for several weeks before the time of her admission. She has been married eight years, but has had no children, and has not miscarried. Never had any primary sore. The pain in the face was very severe, and for this symptom she applied for relief.

Mr. Watson considered the swelling suspiciously like a chancre, and in consultation with Mr. Henry Smith expressed this opinion. It was, however, decided that specific treatment should be withheld until constitutional symptoms showed themselves, especially as the very severe pain in the part gave the appearance of the case being one of facial carbuncle.

The treatment adopted consisted of the administration of tonics and opiates; and this was continued with no improvement in the local condition for several weeks. The swelling increased in size circumferentially, and became somewhat more prominent, and softer in the centre; but no true ulceration occurred; and when punctured on Nov. 28th no pus was found, but the section presented a brawny character, as if infiltrated with fibrin, and very rapidly closed up by primary adhesion.

Dec. 14th.—Swelling increased in all directions; bulges forward in the centre, where there is indistinct fluctuation.

30th.—For the last ten days she has not presented herself. On inquiry it was found that she had been an in-patient at a large London hospital for a few days, where the surgeon under whose care she was placed proposed, according to the patient's account, to remove the tumour with the knife. At the same time she had been rubbing in mercurial ointment, and her gums are spongy and sore. An eruption of syphilitic lepra has come out on the face and body, and her tonsils are ulcerated. The swelling has increased in prominence, is softer, covered with pale, smooth, moist granulations. More direct questions were now put to the woman, and she stated that her husband was at present attending as an out-patient under the care of Mr. Henry Smith. He (the husband) was at once sent for, and Mr. Smith pointed out a secondary ulcer on the inside of the cheek, for which he had been under specific treatment some weeks past. This man denies having had any primary sore on the penis, but had a urethral discharge in June last.

Mercurial treatment continued up to the present date (Jan. 13th, 1865). The sore is diminishing in size rapidly in all its dimensions, and is cicatrizing at the edges. The eruption has disappeared.

The following clinical remarks were made by Mr. Watson:—The diagnosis from facial carbuncle was somewhat difficult in the absence of any distinct history, and it was only the very circumscribed character of the induration and the bubo under the jaw which gave a suspicious aspect of syphilis to the case. The chain of evidence subsequently produced was unusually satisfactory, and this case alone would be conclusive as to the transmissibility of secondary syphilis. Mr. Henry Lee, who examined the patient at the Medical Society of London on the 9th January, and made a careful inspection also of the sore on the mouth of the husband, was perfectly satisfied of the nature of the case. The history and progress of the case are analogous to those mentioned by several recent authors.

A very interesting case bearing upon the question of the transmission of the poison through secondary inoculation was mentioned at the meeting of the Medical Society of London by Mr. Henry Smith. It was that of a gentleman well known to him, and who had a suspicious sore on the upper lip, which would not heal. Six weeks after the sore first appeared, a well-marked secondary eruption came out. The patient was placed under the influence of mercury, and he rapidly got well. This patient strongly denied any illicit intercourse, and there could be little doubt that the sore must have been produced from contact with a secondary ulcer on the tongue or lip of the female.

CHARING-CROSS HOSPITAL.

DEPRESSED FRACTURE OF THE SKULL FROM THE KICK OF A HORSE.

(Under the care of Mr. CANTON.)

THE interest of the following case consists in the fact that the patient apparently recovered from the immediate effects of his injury, and on the seventeenth day, from indiscretion, he became drowsy, and serious cerebral symptoms manifested themselves, which finally proved fatal. The post-mortem appearances showed the possibility of recovery if circumstances had been otherwise favourable.

For the notes of the case we are indebted to Mr. W. Travers, the resident medical officer.

P. M——, aged thirty-seven, a stable-helper, was admitted into the accident ward on the 15th of October, 1864, having been some few minutes previously knocked down by a cab, and kicked on the head by the horse. On examination, there was found to be a severe lacerated wound of the scalp over the upper part of the occiput; and at this site a circular fracture of the skull was discovered considerably depressed. His symptoms were purely those of concussion of the brain. He was perfectly unconscious and insensible; the surface of the body was pale and cold; the pulse very small and weak; breathing slow, but regular; the pupils were contracted. There was no stertor, nor any sign indicating pressure on the brain. The symptoms just mentioned slowly but surely improved; and at the end of eight hours he was again quite sensible, slept quietly and soundly during the night, awaking the next morning perfectly sensible. He complained of but little pain, and that chiefly was referred to the scalp wound. The pupils were still contracted somewhat, and but little amenable to light; the tongue was clean. These symptoms continuing, though certainly not increasing, for a few days, he was given some small doses of calomel, and a blister put on the nape of the neck. He now daily improved, had no headache, slept well, and the appetite was good; the pupils acted more normally, though still somewhat contracted. The wound of the scalp was discharging healthy pus, and was gradually granulating up. He became so much better that, contrary to orders, he moved a little about the ward.

On the morning of Nov. 2nd (seventeen days after the accident) he complained of being very drowsy and of feeling a little confused; the face was rather flushed; tongue clean; bowels regular; pulse 60, rather small; pupils natural.

Nov. 3rd.—Much the same as on previous day. Cold applied to the head, and an enema given.

4th.—Head symptoms increased in severity; pulse 80; the left pupil contracted, the right dilated. Though apparently comatose, he understands when spoken to in a loud tone.

5th.—Insensible, and cannot be roused; tongue getting loaded; pulse still 80, rather small and soft; there is slight stertor; his bowels are confined, and he passes his urine involuntarily. An enema was given, and another blister applied high up in the neck.

6th.—He still continues insensible; the pulse has risen since yesterday to 120, very small; face much more flushed; breathing more decidedly stertorous. Bowels were moved after the enema. He rapidly became worse during the day, without much appreciable change in the symptoms, and died, seemingly exhausted, in the afternoon.

On making a post-mortem examination, the wound was found dry and glazed, the scalp around it being easily separable from the skull, which was dry and white. On opening the head, the membranes were seen to be slightly abnormally injected, particularly over the site of the injury; over this part too, but entirely confined to it, was a very thin layer of greenish creamy pus. The brain-structure seemed perfectly healthy. On examining the skull-cap, a circular piece of bone, the size of a halfpenny, was found, as if cut out with a punch, depressed to the extent of at least two lines; the inner table did not appear to have been at all splintered, but cleanly broken. The site of the fracture was in the occipital bone at the angle formed by the junction of the longitudinal and lateral sinuses.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 24TH, 1865.

DR. BASHAM, V.P., IN THE CHAIR.

CONTRIBUTION TO THE NATURAL HISTORY OF "WINTER COUGH."

BY HORACE DOBELL, M.D., M.R.C.P.,
PHYSICIAN TO THE ROYAL INFIRMARY FOR DISEASES OF THE CHEST.

THIS paper was an analysis of fifty-eight cases of "winter cough," the details of which were given in an appendix. The cases were arranged in four groups, according to the physical signs:—

1. Cases in which there were physical signs both of bronchitis and of emphysema.

2. Cases in which there were physical signs of bronchitis, but not of emphysema.

3. Cases in which there were physical signs of emphysema, but not of bronchitis, and in which there was *no* history of previous bronchitis.

4. Cases in which there were physical signs of emphysema and not of bronchitis, but in which there *was* a history of previous bronchitis.

Each case was reported in the form of answers to a set of forty-one questions relating to the short breath, the cough, the taking of colds, the past illnesses, the occupation, the dwelling, the food, the habits, and the family history of the patient, in addition to a concise statement of the personal condition at the time of examination. The number of facts thus collected was too numerous to admit of their being discussed within the limits of a paper; the author therefore restricted himself to an analysis of the cases under the several groups, and a comparison of some of the principal facts in a series of twenty tables, thus putting the materials into a convenient form for future use.

DR. SALTER questioned the appropriateness of the words "natural history" in the title of the paper. He thought nothing was gained by removing the ordinarily received landmarks of a vocabulary by taking up a word and transplanting it into a position not its own, and that nothing tended so much to weaken and impoverish the resources of a language as attempting to expand the use of words too far. By "natural history" was generally understood the history of organized beings, animal and vegetable. No doubt the study of disease was the study of a department of nature; but if the use of the expression "natural history" was defended on this ground, it would be as appropriate to speak of the natural history of astronomical or any other natural phenomena. The point on which the paper seemed to promise to throw some light was the causation of emphysema; but in this it had disappointed him. The only case that really bore on the subject was the single case in which emphysema was said to have existed without bronchitis; but he could not conceive that bronchitis really was absent in this case. Emphysema with cough and without bronchitis he could understand; but emphysema with *winter* cough and without bronchitis he could not understand: the bronchitis might be very feebly pronounced, but he did not believe in any non-bronchitic winter cough. While containing much that was interesting, and suggestive of many hints for future useful work, he thought the paper suffered a great disadvantage from being so entirely a paper of figures. And he thought, too, that it very well illustrated what had been often said of figures—that they could be made to prove anything. Take, for example, the fact stated by the author—that patients with emphysema had bad spirits, while those with bronchitis had good; and his explanation—that this difference depended on the presence of expectoration in the one case and its absence in the other. He (Dr. Salter) thought that this statistical evidence of the exhilarating tendency of expectoration was a strong proof of the omnipotence of figures. He differed from the author in the little importance he assigned to occupation in the causation of winter cough; he (Dr. Salter) found it the most potent of all circumstances in the production of the affection. By far the larger proportion of sufferers from it who came under his observation were those whose occupation exposed them to all weathers, and at the same time prevented their lying by—such as vendors of things in the streets, cabmen, porters in Covent-garden Market, &c. Indeed, the fact that the disease was due to climatic influences was itself a proof that those whose occupations the most exposed them to those influences must be the greatest sufferers. He quite agreed with the author as to the undefined use of the word "asthma"; that a great many cases of so-called asthma were simply chronic bronchitis; and that any chronic difficult breathing is commonly called asthma. At the same time, he thought that a carefully directed inquiry would generally detect whether such cases were truly asthmatic or not.

DR. DOBELL said he begged to thank the Society for listening so patiently to his very dry paper. He had hesitated to bring it before them because of the number of tables and calculations which it contained. He was much obliged to Dr. Salter for his suggestions about the term "natural history" used in the title; but he entirely disagreed with him. When treating of animals or plants, the term "natural history" was used to comprise a description of the "conditions of their existence;" the circumstances influencing their development, maintenance, growth, and reproduction; their habitats, habits, and the like. It was precisely this kind of information which he had collected with regard to "winter cough;" and he must, therefore, maintain

that it was correct to call it "natural history." With regard to occupation, he entirely agreed with Dr. Salter that the influence of occupation on winter cough was of the greatest importance. Dr. Salter had simply misunderstood the words of the paper. It was there stated that, as there were only fifty-eight patients, and as they followed twenty-eight different sorts of occupation, no more than seven following any one of these, it would not be fair to draw any conclusion as to the influence of occupation on the disease from the tables, but that, as a correct record of facts, it would become valuable when added to others of a similar kind. With regard to the whole paper, he (Dr. Dobell) wished particularly to impress that, as it only treated of fifty-eight cases, broken up into four groups, and as each case necessarily differed to some extent from the rest, he did not consider that it ought to be taken as a safe basis for general conclusions respecting such an important and widely-spread class of diseases. He had scrupulously abstained from making such conclusions, and he hoped that others would do the same. The title described the paper as no more than a "contribution" towards a natural history, and he did not wish it to be considered as more than it assumed to be.

ON SEA-SICKNESS AS A FORM OF HYPERÆSTHESIA.

BY JULIUS ALTHAUS, M.D., M.R.C.P.,

PHYSICIAN TO THE ROYAL INFIRMARY FOR DISEASES OF THE CHEST.

Most writers on sea-sickness consider this affection to be due to hyperæmia of the brain and spinal cord, or to a morbid condition of the gastric nerves. The object of this paper is to show that sea-sickness is, in reality, caused by anæmia of the brain and the cervical portion of the spinal cord, arising from insufficient power of the heart, and whereby a general increase of reflex excitability throughout the system is brought about. The first and most constant symptom of the disorder is not retching or vomiting, but vertigo, which is most severe in the standing posture, and at once relieved by a strictly horizontal position, and which is thus proved to arise from a deficient amount of blood in the nervous centres. The increase of reflex excitability is also shown by greater sensitiveness of the patient to light, sound, touch, &c.; and in some cases there are even reflected spasms in the lower extremities. It is, however, greatest in the stomach, as evidenced by retching and vomiting, the degree of which is dependent upon the posture of the patient, but not upon the full or empty condition of the stomach, or its greater or less vital power. This increase of excitability is, after a time, generally followed by a considerable diminution of it, there being great torpor and profound indifference. The organ primarily disturbed, therefore, appears to be the heart, which, in consequence of the ship's motions, becomes unable to propel the blood with sufficient power into the nervous centres. The blood is accumulated in the chest and the abdomen, where it produces a feeling of pressure and heat. Persons with a strong heart and a slow pulse generally suffer little from sea-sickness; while irritable people, with a quick pulse and a tendency to palpitations, are more liable to be affected. This explains to a certain extent the different liability to sea-sickness of the different nations; for, as a rule, the French and Italians, being of a more irritable temper, suffer most, the Germans less, and the English least, of the disorder.

The treatment of sea-sickness flows directly from the pathology just enunciated. Our task should be to facilitate the afflux of blood to the nervous centres, and to strengthen the heart's action. For this purpose a horizontal position should be enjoined, and a few tablespoonfuls of well-seasoned beef-tea, and small doses of brandy, should occasionally be given.

Dr. BASHAM said that most persons had some experience of sea-sickness, and inquired if any explanation of its cause had suggested itself to any of the fellows present.

Dr. ALTHAUS said that since he had written the paper just read to the Society he had seen an essay on Sea-sickness from the pen of Dr. Chapman, who considered that sea-sickness depended on the presence of an undue quantity of blood in the middle and lower portions of the spnal cord, and suggested the use of ice to the part as a remedy. He (Dr. Althaus) did not believe that the local congestion was the cause of the sickness, though it might possibly exist. If it were the cause, then change of position would relieve the sickness; but change of posture from the back to the stomach did no good, whilst, as was known, it often relieved spasm immediately. He had not tried the use of ice, and therefore could offer no opinion respecting its use. Cold was a powerful agent, and he should be glad if it were found generally successful. He knew of no remedy so effectual as the recumbent position. The administration of very small doses of morphia endermically had been recommended, but he had not tried it.

Dr. BARCLAY's experience differed from that of the author. He had found liquids, and particularly alcohol, aggravate the sickness.

Dr. BASHAM remarked that we must not shut our eyes to the fact that, with very few exceptions, most persons at sea soon became tolerant of the cause of sickness, whatever it might be. He had never met with any one who, after being at sea a day or two, could not join the dinner-table. The exceptions were from idiosyncrasy. He thought there had been too much speculation as to the cause of sea-sickness. Many other conditions, such for instance as being in a "roundabout," produced the same effect. The true pathology of sea-sickness, whatever it might be, had not yet been ascertained.

OBSTETRICAL SOCIETY OF LONDON.

JAN. 4TH, 1865.

DR. OLDHAM, PRESIDENT.

THE following gentlemen were elected Fellows: Mr. J. H. Bridgeman, Dr. E. Copeman, Mr. Fairbank, Dr. Hodder of Toronto, and Mr. Whitehead.

Dr. PLAYFAIR read a case of Extra-Uterine Fœtation, on which Dr. PRIESTLEY made some remarks.

Mr. WILLS, through Dr. GRAILY HEWITT, described the Mode of Birth of a Double Monster, and exhibited a Photograph of the same.

Dr. PARSONS exhibited a specimen of Pulmonary Embolism, of the tubular kind, after ovariotomy; and described the case.

Dr. RICHARDSON entered at considerable length into the question of these fibrous deposits.

Mr. NAPPER read a case of Amputation of Arm during early Pregnancy.

ANNUAL MEETING.

The business of the Annual Meeting then commenced. The Report of the Auditors of the Accounts of the Treasurer for the year ending Dec. 31st, 1864, was read; from which it appeared that the balance in the hands of the treasurer is £262 6*s.* 5*d.*, and that during the year a sum of £181 10*s.* was invested in Consols in the name of the trustees of the Society, making a total now invested in Consols of £731 10*s.* The balance-sheet showed that the Society had received during the year the sum of £469 7*s.* as subscriptions from the fellows, and £40 9*s.* 6*d.* from the sale of "Transactions."

Mr. MITCHELL, in proposing the adoption of the report, congratulated the Society on its financial prosperity. Mr. NICHOLS having seconded the resolution, it was carried unanimously.

The SECRETARY having read the modifications of the laws rendered necessary by the opening of the library, Dr. MEADOWS proposed their adoption. This, being seconded by Dr. HALL DAVIS, was unanimously adopted.

It was then announced that arrangements were now completed for the lending of the books of the library to the fellows at Mr. Hardwicke's, publisher, 192, Piccadilly.

Dr. PRIESTLEY moved with great pleasure, and was seconded by the whole meeting, the following resolution:—"That the thanks of the Society be and are hereby given to the President and Officers of the Society for their services during the past year. That they be particularly given to the retiring President, Dr. Oldham, for the able and efficient manner in which he had presided over the Society; and also to Dr. Graily Hewitt, on his retiring from the office of Honorary Secretary, for his zealous aid rendered to the Society from its commencement."

The list of donations to the library were then read.

The following gentlemen were then elected officers for the ensuing year:—Hon. President: Sir C. Locock, Bart, M.D. President: Dr. Barnes. Vice-Presidents: Dr. Gream, Dr. Greenhalgh, Mr. F. S. Haden, Mr. Robert Hardy (Hull), Dr. Tanner, Dr. J. G. Wilson (Glasgow). Treasurer: Dr. Graily Hewitt. Hon. Secretaries: Dr. Braxton Hicks, Dr. Alfred Meadows. Hon. Librarian: Dr. A. Meadows. Other members of Council: Dr. Aveling (Sheffield), Dr. Clay (Manchester), Dr. John Hall Davis, Dr. Gervis, Dr. Alfred Hall (Brighton), Mr. I. Harrinson (Reading), Dr. Madge, Mr. Josh. T. Mitchell, Dr. Gustavus C. P. Murray, Mr. Edward Newton, Dr. Oldham, Dr. W. O. Priestley, Mr. Edward Ray, Dr. Samuel Richards, Dr. Thomas Skinner (Liverpool), Dr. Tyler Smith, Mr. Fred. Symonds (Oxford), Mr. James Reeves Trner.

The PRESIDENT then delivered the

ANNUAL ADDRESS.

He referred to the prosperity and activity of the Society, as shown by the balance-sheet, by the "Transactions," and by the number of its fellows, who now were to be found in Australia, New Zealand, India, and Canada. He lamented, however, the deaths of six fellows during the past year. He congratulated the Society upon the formation of the Lending Library, which had long engaged the attention of the Council. The tone in which the discussions had been carried on in the Society was very satisfactory, although subjects had been brought before them upon which there had been strong diversity of opinion. Dr. Oldham pointed out that it was to the interest of the Society to continue to maintain this spirit unimpaired. He thought it desirable to establish a committee of two experts to report to the Society upon the results of any new line of practice which might prove of serious consequence to the patient. It was one of the duties of the Society, not only to bring forward new suggestions for improving practice, but, by the light of modern science, occasionally to revise the older rules and opinions; and he noticed, among other subjects, the advantage of the careful and intelligent investigation of the influence of the ergot of rye on the mother and fœtus, and on the uterus in functional or organic diseases. He alluded to the possibility of improving the education of women as nurses to the lying-in room, by instructing them in public institutions to a competent knowledge of their duties, which would save a vast amount of the injury and misery inflicted by incompetent nurses. Referring to the revival, in a recent case, of a jury of matrons to decide upon the pregnancy of a condemned criminal, he hoped the Society would take an early opportunity of endeavouring to induce the Legislature to alter this rule, and refer in future to obstetric practitioners. The President, in conclusion, expressed his warm acknowledgments for the assistance rendered him by the honorary secretaries; and thanked the fellows for their support, which had rendered the performance of his office one of the most agreeable recreations of his professional life.

Dr. TYLER SMITH proposed, and Dr. GREENHALGH seconded, a vote of thanks to the President for his valuable address, which was carried unanimously.

Reviews and Notices of Books.

Medicines, their Uses and Mode of Administration. By J. MOORE NELIGAN, M.D. Sixth Edition. Edited by RAWDON MACNAMARA, M.R.I.A. &c. pp. 758. 1864.

A Manual of Materia Medica and Therapeutics. By J. FORBES ROYLE, M.D., F.R.S.; and FREDERICK W. HEADLAND, M.D., B.A., F.L.S. Fourth Edition. pp. 776. 1864.

Elements of Materia Medica. By Dr. WILLIAM FRAZER, Lecturer on Materia Medica to the Carmichael School of Medicine, &c. Second Edition. pp. 452. 1864.

Therapeutics and Materia Medica: a Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Second Edition. Two Volumes. pp. 1595. London: Trübner. 1864.

(FIRST NOTICE.)

WE have undertaken a somewhat novel and difficult task in engaging to review for the benefit of our readers the group of books above enumerated. All of them, without exception, have received from the profession the most practical testimony of approval: not one is a first issue, and the work of Dr. Neligan has absolutely passed through five large editions. Under these circumstances, it may appear strange at first sight that we should think it necessary to criticize these works at any length; and we may say at once that, from the ordinary point of view, and adopting the conventional test of the merits of works on materia medica, there would be little need for such a proceeding. For the purpose of supplying the student with such knowledge as is likely to stand him in good stead at the various medical examinations (as they are at present conducted), any one of these treatises is sufficient; and with the exception of Dr. Frazer's work, which, though good in some respects, is decidedly too meagre, they are well entitled to the confidence which students appear to place in them. With regard to the work of Neligan, indeed, we might say more. This book was from the first in advance of its time, and was always the clearest and most readable text-book on its subject; and, as it now appears (re-edited in a careful and conscientious manner by Mr. Macnamara), it well sustains the kind of reputation which its earlier editions secured. As a handbook for youths preparing for examination, it has all the merits of Pereira, without the faults of that prodigious book, of which not the least was its bulk. The manual of Drs. Royle and Headland, though in our opinion inferior in value to the last-named work, contains a rich store of information on points of pharmaceutical chemistry and botany. And the treatise of Dr. Stillé, besides giving evidence of a most laborious and accurate collation of facts scattered widely through medical literature, possesses the merit—in our eyes a first-rate one—of raising therapeutics proper to its due rank, by giving the chief importance to the *actions and uses* of drugs, and treating the chemical and botanical details as secondary.

Our readers will understand, then, that it is without a shade of grudging of their well-deserved success that we proceed to make some remarks on these works which may appear disparaging. We accept the four treatises as a thoroughly creditable sample of the science of Materia Medica and Therapeutics as at present taught in England, Ireland, and America; indeed, the whole force and emphasis of what we have now to say proceeds from the very fact of their great authority and influence. We earnestly call the attention of the profession to the singular revelations of the poverty of our therapeutical science which are afforded in these works, good as they are of their kind. It is not too much to say that this most important department of medical science presents a figure which, in the eyes of philosophically-minded men, must appear little less than contemptible; and it is time for all practitioners who value their self-respect to look this fact in the face, and ponder it well.

Let us concede, at starting, the immense difficulties of really scientific researches into the influence of drugs upon disease: these are notorious; and if any reader has been tempted to forget them, we may refer him to some remarks on the point in the Introduction to Dr. Stillé's book. But these difficulties do not confer on teachers, nor will we concede, any dispensation from the obligation which compels every earnest-minded man to endeavour, by all legitimate means, to bring his department of inquiry within the rules and advantages of less complicated investigations. Bearing this obligation in mind, let us examine the actual state of therapeutic teaching in our day. Of all conceivable methods of inquiry, none is so complex and so fruitless as the union of sceptical empiricism in the collection of isolated facts with a system of classification resting on the exploded dogmatism of the past; yet such is the method which our therapeutists are employing. An excellent illustration of this is afforded by the customary arrangement of a number of medicinal agents in a class as "Astringents;" and we may take the able article of Dr. Stillé on this subject as a fair example of the working of the method. The author places at the head of his introductory remarks on the properties of the class the definition of Cullen—"such substances as, applied to the human body, produce contraction and condensation of the soft solids, and thereby increase their density and cohesion;" and that of Boerhaave—"medicines which cause the parietes of the bloodvessels to approach each other, close these tubes when open, increase the strength and rigidity of their fibres, and restore their firmness to relaxed tissues." What student of medical history can fail to recognise in these celebrated but unfortunate definitions the old Methodist doctrine of "*strictum* and *laxum*" pertinaciously reasserting itself under the specious guise of an adaptation to the improved anatomy and physiology of the eighteenth century? If its influence on the reasoning of Cullen and Boerhaave was unfor-

tunate, still more unblessed is the bias which this ghost of a dead idea gives, all unknown to them, to the reasonings of men who, like Dr. Stillé, have to deal with the vastly increased experience of the present day. This feeling, which attended us throughout his description of the so-called astringents, reached its culmination when we found that the preparations of lead are ranged by him in this group, and that, in spite of his obviously extensive acquaintance with the clinical and toxicological facts bearing on the action of the lead-salts, so trivial a circumstance as their occasional action in arresting fluxes &c. is allowed to colour his whole conception of their therapeutic virtues.

But the most striking instance which we have noted of the way in which theories which are but the melancholy relics of the dogmatism of past "times of ignorance" are allowed to colour modern facts, is afforded by a comparison and collation of the several accounts of the action of "stimulants" given by various authors. Every student is familiar with the classical doctrine which teaches that a depressive reaction necessarily follows the primary action of a stimulus, and with the corollaries deduced from it—viz.: that the repeated application of stimuli diminishes the natural susceptibility to their influence; and, that consequently a perpetual increase in the amount of the stimulant agent is necessitated on each succeeding occasion when the first effect is required to be reproduced. This theory unquestionably originated in metaphysical speculations as to the nature of organic life, and the whole body of therapeutists has been constantly engaged in twisting the hard facts of daily observation to suit it. It is enough to make one despair of the medical republic to find this doctrine rampant as ever in the pages of the latest writers. Let us see how it affects Dr. Stillé's description of the action of General Stimulants. "Stimulants," says this author, "is a term applied to all medicinal agents which directly increase vital activity; and the epithet 'general' is given to those stimulants which directly augment the vital activity of the whole economy. Food and oxygen are the essential stimuli of the living organism," &c. (p. 530.) Further on he states that, "by a law of the human economy, the repeated applications of a stimulus produce progressively feebler results. There is scarcely any exception to this law." (p. 531.) If *exceptio probat regulam* in this case, it does so in the very oddest manner; for the most obvious failure of the supposed rule occurs precisely in the case of food and oxygen, which, as Dr. Stillé justly remarks, "are the essential stimuli of the living organism," and consequently, one would suppose, the types of all true stimuli whatever. The force of contradiction can no further go; yet Dr. Stillé seems unconscious of the dilemma; and he proceeds to assert that "stimuli which are general and diffusible in their operation tend by degrees to exhaust the susceptibility of the system to their influence." (p. 531.) Truly this is a marvellous statement to be made by one who must, in the routine of an extensive practice, have abundant opportunities of knowing that the whole body of temperate persons—that is to say, the great majority of educated individuals—entirely contradict it by their daily lives and habits. We do not hesitate to say that with ordinary educated adult members of modern society, who really do commence with moderate doses of beer, for instance, or of sherry, there is not a trace of the progressive blunting of the nervous susceptibility to these stimuli which Dr. Stillé so positively insists upon: there is no more physiological necessity for a periodical increase of sherry than of beef-steaks, when the original *quantum* has been moderate. So that here we see the pernicious influence of a preconceived theory extending even to the length of distorting an able writer's view of simple matters of fact.

It is the same, we regret to say, both with Dr. Neligan and Drs. Headland and Royle, in their treatment of this subject of stimulants. They define these agents as *exciters* of the vital movements, and speak of an after-collapse as a necessary consequence of their action. It is a curious and instructive fact, that this description of the supposed action of stimulants is taken from instances which ought to be ranked under the head of direct poisoning with a narcotic or with an irritant. It is quite true that a genuine stimulant may "excite" the action of the heart in syncope or other conditions of morbid depression, if by the word *excite* we mean simply *restore*; but it is certain that writers on therapeutics mean something quite different, and that they guage the amount of stimulation by the amount of functional movement produced. And having observed that the most powerful movements produced in this way are followed by the most profound depression, they persuade themselves that this is a confirmation of the classic doctrine of stimulus and recoil. The process of thought through which they go, if put into logical shape, would fall into the two following syllogisms:—

I.

Life is manifested by movements (molecular, visceral, muscular.)
All medicinal stimuli cause movements in the body.
Therefore all medicinal stimuli temporarily increase vital power in proportion as they increase bodily movements.

II.

Bodily movements cause fatigue.
All medicinal stimuli cause bodily movements.
Therefore the secondary action of all medicinal stimuli is depressing.

In the first of these syllogisms the major is only true in this limited sense—that we cannot predicate the existence of life unless we can detect movement. The minor is decidedly false, for the action of stimuli, in nine cases out of ten, reduces rather than increases bodily movements. The conclusion obviously does not arise out of the premisses, even if the latter were correct.

With regard to the second syllogism—the major is true; the minor (which is the same as in the former proposition) is false, and the conclusion is rendered worthless.

It is obvious that the fundamental error in this train of reasoning consists in the unconscious substitution of the word *measured* for *manifested* in the major of the first syllogism: "Life is *measured* by movement." The identification of vital energy with violence of dynamic manifestation is a habit so deeply rooted in the medical mind that it is a veritable labour of Hercules to eradicate it. Only the other day we read, in an able review of certain recent works on the action of medicines, these words: "A quickened circulation, when the result of want of power, will be reduced in frequency by stimulants; but when accompanied by a hot skin, bounding pulse, flushed face, violent headache, no one in his senses would order brandy." Here the writer was seduced by the plausible error just mentioned into a forgetfulness of facts; for his experience must have been limited indeed if he has not seen very many cases of erysipelas, for instance, in which this obnoxious combination of symptoms was treated by brandy, with the best results. In the treatises now under notice this erroneous view of the manifestations of vital energy is no less conspicuous. Drs. Headland and Royle tell us (p. 749) that "stimulants are useful in cases of debility *where this is real and unaccompanied by inflammation*" (the italics are our own): as if the presence of inflammation guaranteed the unreality of appearances of debility! And Dr. Stillé (vol. i., p. 607), in the course of a vehement protest against Dr. Todd's practice, upholds the rigid division of diseases into "sthenic" and "asthenic," and declares that these "morbid types ..... are as opposite as light and darkness, or life and death." As we read these words we cease to wonder that the science of therapeutics makes so little progress. If its ablest professors can so far ignore the modern progress of physiology and pathology as to retain the belief that any possible combination of

hot skin, bounding pulse, and aching nerves can indicate an excess of *vital* energy, why then we might as well be back in the days when the whole science of medicine reposed on a basis which was frankly metaphysical. Whether the administration of alcohol in acute diseases is necessary, and in what shape it is safe, are questions to be settled by a much more extended and far more accurately tabulated experience than any which we yet possess; but in the meantime we cannot allow anyone to use arguments against the practice which are based on speculations as to the nature of disease now proved to be worthless by the brilliant discoveries of experimental physiology, and by the hardy courage of clinical observers who have dared to look disease, uncomplicated by the effect of drugs, in the face. Nor can we allow it to be stated, without contradiction, that the modern use by Todd and others of alcoholic stimulants is a revival of, or has any connexion with, the Brunonian system; a system of which people talk very glibly, but which it is obvious that they know very little about, or we should not hear these misstatements.

AMENDMENT OF THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—Your article on the amendment of the Medical Act, and the correspondence in your journal on the same subject, do not seem to me to touch one of the crying evils of the time. I refer to the monopoly now exercised by the Apothecaries' Company. It matters not how complete one's education, both general and medical, may have been, without the licence of this august body the right to recover for medicine and attendance in medical cases is denied, and nearly every medical appointment in the country is closed against one.

Whatever may have been the merits of the Apothecaries' Company, I submit that these privileges are out of all proportion either to its general deserts or its special services in the cause of medical education. It cannot be pretended either that the examination or curriculum of the Apothecaries' Hall is superior to that of every other body examining in medicine, neither are the best friends of the apprenticeship system prepared to recommend five years' drudgery in a surgery as the best method of training up the general practitioner in the way he should go.

I will put my own case as an instance of the gross injustice to which many able members of the profession are subject. I learned to dispense thoroughly before going to Edinburgh, and was, moreover, well grounded in classics, mathematics, and such subjects as are now included in the matriculation examination of various boards and universities—so well up, indeed, that I might easily have entered at Cambridge or Oxford if I had chosen. I spent four years at Edinburgh, and then took the M.D. degree of that University. A year later I passed the College of Surgeons of England, and shortly after the Midwifery Examination.

I submit that I am virtually doubly qualified; that I am as fit to practise medicine, surgery, and midwifery as any member of the College and Hall; that my medical qualification is a better qualification than the licence of the Apothecaries' Hall—first, because the examination is (or was in 1853) more stringent, and covers more ground; secondly, because the curriculum is (or was) more extensive; and thirdly, because it presupposes a more liberal general education, and the influence of *residence* at a University where something more than medicine is cultivated. And yet I can neither recover for medical attendance, take a Poor-law appointment, nor be house-surgeon to an infirmary or dispensary.

The absurdity of this is obvious when I tell you that I have been physician to a metropolitan dispensary, and also to a metropolitan hospital (the latter on the understanding that I should join the College of Physicians *quamprimùm*).

I do not make this complaint out of the depth of disappointment, for I have a good private practice amongst people who are able and willing to pay without the terror of the county court. Nor do I covet a Poor-law appointment. But I feel I am at a legal disadvantage which my education and the medical and surgical tests I have passed do not justify.

So long as a medical licence or medical degree does not confer the same rights as the licence of the Apothecaries' Hall so long medical reform is incomplete. Virtual and legal qualification should coincide; and he who has proved his fitness to practise medicine, surgery, and midwifery before recognised and distinguished Boards of Examiners should be free to practise these professions with every privilege and immunity in every part of the United Kingdom.

The Branch Councils and the General Council may pass any number of vague and wordy resolutions they please, but so long as such an anomaly exists as that liberally and fully educated men, holding the qualifications I hold, are liable to a fine of £20 for dispensing their own medicines, and disqualified from holding Poor-law appointments, so long will all attempts at real reform be inoperative and nugatory. I have every respect for the examination of the Apothecaries' Company, and for its efforts to raise the standard of education in the profession; but its present monopoly is a disgrace to the times in which we live, and an anomaly so flagrant that one would think the whole medical profession blind to the inexorable logic of facts, which shows not only that "medicine and surgery" are "one inductive science," but that we must ultimately adopt the "one-faculty" system, and, as a step thereto, abolish all privileges and monopolies, and reckon every examination *quantum valeat*.

I am, Sir, yours obediently,

January, 1865. M.D. Edin., M.R.C.S. Eng., and L.M.

ON THE USE OF STIMULANTS IN FEVER.

To the Editor of THE LANCET.

SIR,—It may be useful to some of your readers to tell shortly the experiences gleaned in this hospital during the past year as to the use of stimulants in fever. Typhoid is the prevailing form of continued fever received on board this ship, of which we have had sixty cases during the past year, whereas one only of typhus has been entered. These patients invariably come from small coasting vessels, or from low boarding-houses near the river-side, and it would appear that the causes of disease affecting our applicants are almost unchanging, as the annual rate of admissions during the last eight years has varied very little indeed.

Of the sixty cases admitted during the past year, wine or brandy was prescribed for thirty-five patients, whereas the remaining twenty-five received no stimulants whatever. Statistics in medicine are so often fallacious, that these figures merely go to prove that the latter were mild, and the former severe cases of typhoid. But the principle of waiting and watching for "the time when" to give stimulants in fever appears to be superlatively worthy of attention. Thus, none of these patients commenced wine or brandy before the eighth or tenth day of the disease, and, in more than three-fourths of these cases, until the fourteenth or fifteenth day. The quantity given in twenty-four hours averaged six ounces, and never exceeded twelve ounces, this latter quantity being sometimes judged necessary for a period of from forty-eight to seventy-two hours at about the eighteenth or twentieth day of the fever.

Four deaths occurred—severally from perforation, double pneumonia, exhaustion, and exhaustion with extensive ulceration of the larynx.

I am, Sir, your obedient servant,

HARRY LEACH, Resident Medical Officer.

Hospital Ship *Dreadnought*, Jan. 1865.

A VERY APPROPRIATE LEGACY.—Madame Pailloux, possessed of handsome property, and the wife of a medical man, has just made an unusual, but very generous and appropriate legacy in France. She stated in her will that, being aware of the helpless condition of the sick and of old people in the country, she bequeathed her house, grounds, and lands, with furniture, &c., also houses belonging to her in Paris, with any amount she may own of Government stock (all after the death of her husband, there being no children), to the parish of St. Ambreuil, where the country house is situated, the latter for the use of a medical man, with a fixed salary, who shall attend gratuitously the poor of the village; the parish entering into a promise to found a quiet and humble asylum for aged or infirm country labourers, both of the said village and the neighbourhood, in proportion to the property eventually left by herself and husband.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 4, 1865.

AT the meeting of the Branch Medical Council for England on Friday, the 27th ult., the further discussion of the amendment of the 40th Clause of the Medical Act was proceeded with; and the Council, after a long debate, have at length decided on an amended clause of their own, in the following form:—

"Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, for gain, not being registered under this Act, nor being able to give evidence of being qualified to be registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any professional title, name, or distinction commonly used by, or used to distinguish, duly educated or qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £ for each offence."

Side by side with this let us place the clauses proposed by the Scottish and Irish Branches. The proposed Scotch clause runs thus:—

"It shall not be lawful for any person, unless registered under this Act, to practise any branch of the profession, taking or using the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner or General Practitioner, or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exceeding £20."

The Irish proposition is as follows:—

"On and after the day of , 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon-Apothecary, or Accoucheur, or Licentiate or Practitioner in Midwifery, or any other medical or surgical name or title; and any unregistered person so offending shall forfeit and pay a sum not exceeding £20, to be recovered in a summary way before the Justices of the Peace."

Here, then, we have the data for the solicitor of the Council to employ in framing such a clause as will not allow pretenders and impostors to drive their mountebank carts through the Act with impunity. We cannot permit ourselves to assume any part of the responsibility which falls rightly upon the solicitor and the parliamentary counsel, whose duty it will be to draft the amendment in a satisfactory form. The basis of a good clause is, however, a clear common-sense perception of what is the plain meaning of the words proposed, and what the full intent which the clause embodies. The main difference between the English clause and the Irish and Scottish clauses lies in the fact that the last two seek to make *registration* the essential act incumbent on all who assume medical titles; and the former is more liberal in that it gives licence also to those who possess a legal qualification, and who do not please to register it. It has been many times mentioned as a hardship that any attempt should be made to compel to register at a fee of £5 persons who already possess diplomas entitling them to assume various medical titles for which they have paid heavy fees. It is put forward as a presumable hardship that the man who has a degree of the University of London or Cambridge, or elsewhere, should not be entitled to call himself Doctor of Medicine except he pay an additional £5 for permission to use his title by registering it. The hardship is, indeed, rather fanciful than real, inasmuch as the immense majority of practitioners would never fall in the way of encountering it. The act of registration is already essential for all the public services, whether civil or belligerent. It is incumbent on all persons holding hospital appointments, and all who desire to have the power of recovering debts. Hence it may be said to be now necessary to all classes of respectable practitioners. However, there are some persons—of whom Dr. MILLER, the eminent professor of chemistry at King's College, Dr. CORBOLD, the distinguished helmintholo-gist, and the late Dr. JONES QUAIN, are quoted as types—who, being fully qualified to practise, yet not occupying themselves with practice, decline to register; and it is felt that to compel such men to pay fees for registration, on penalty of not being permitted to use the titles which they possess, and which are inherent in their diplomas, would be an act of injustice. Hence the English clause introduces the words "not being registered, nor *being able to give evidence of being qualified* to be registered under this Act." There is a fairness and liberality in the idea which lies at the basis of this proposition which will commend it to approval. It is, moreover, perfectly in accordance with the spirit of the Act itself. It must always be remembered that the Act is not intended to impose disabilities on practitioners, whether qualified or unqualified; but to enable the public to distinguish between the qualified and unqualified, and to prevent the latter from pursuing the dangerous and fraudulent practice of assuming to be what they are not. Hence it would be right to enable everyone who possesses the qualification for a title to use that title without registration, if he be prepared to forego the great advantages which registration now confers. The attempt, however, to meet these exceptional cases involves considerable complications and difficulties; and the alterations made in the clause since it was first proposed will furnish grounds for much further deliberation on the part of the legal advisers of the Council, if they are really to be introduced into the amended Bill. Thus the saving terms "of being able to give evidence of being qualified to be registered" may be a source of much difficulty in a magistrate's court; for a magistrate may entertain heretical notions on the subject of qualification, and may hold any kind of diploma satisfactory to himself as evidence. Hence it will be necessary, we think, to add a clause defining what shall be considered "evidence of qualification to register." This may probably be satisfactorily adjusted.

There is a more serious objection to the introduction of the words "for gain." If these be really retained, it seems to us that the whole labour will be lost. What is easier than to set up a philanthropic pretence for practice and to eschew all direct appearance of gain? Many impostors already find this the most lucrative mode of imposing upon the public. It will only be necessary for the quack to avoid taking any "fee."

He has only to give his advice, and to prescribe "curative instruments," price five guineas, or cases of medicine, price ten, twenty, or a hundred guineas, obtainable only of particular persons who alone enjoy his confidence, and the same illimitable field for fraud would be open then as now. This is a matter of considerable importance. The introduction of these words has, no doubt, been dictated by a desire to do ample justice to some few persons in an exceptional position. We find it difficult to imagine what ingenuity has devised the exception for which it is thought necessary thus to propose legislation. For ourselves, we are disposed to think that a person neither registered nor qualified to register—that is, having no legal claim whatever to a medical title—ought not to be thus empowered to assume a medical title, whether practising from philanthropic or personal motives. The philanthropy of the object can confer no right to assume a title not legally held; and those who do hold legal titles are sufficiently protected in their use by the remainder of the clause without this interpretation. These words seem to be both a dangerous and a useless modification of the clause: if not so useless as they seem, still most dangerous, and likely to defeat the whole object of the amendment. But we have confidence in the legal advisers of the Council that they will not permit the object to be thus self-defeated, and in that anticipation we leave the clauses in their hands. Let us hope that the next session will see such an amendment in the law as will enable the public to protect themselves, by distinguishing the painted jays from the honestly feathered birds whom they now successfully imitate. The General Council will meet on the 4th of April, we understand, and the amended Bill will, therefore, be rapidly put in hand.

A QUESTION of the first importance to members of our profession has again been raised on behalf of the medical attendants on Irish Poor-law and Dispensary institutions. A deputation recently waited on the Irish Viceroy (a report of the proceedings of which appeared in our Dublin correspondent's letter last week) to present a memorial praying for superannuation provision for Poor-law and Dispensary officers. The deputation included the Presidents of the Dublin Colleges of Physicians and Surgeons, together with many of the most distinguished members of both branches of the Irish profession. His Excellency, having received with courtesy those who attended, listened doubtingly to the statements made, answered cautiously their inquiries, and at length declared his intention of consulting with Sir ROBERT PEEL on the subject of the memorial; and thus for the present the matter rests.

Again has a claim, based on important public services, and supported by every consideration of public justice and expediency, been brought under the personal notice of those in authority; it may be, once more to be by them postponed to some convenient season. It would serve no useful purpose to review antecedent discussions on the principle this memorial involves. It is one so generally recognised and universally admitted to be theoretically and practically right, that the wonder is that shallow pretexts should suffice for its evasion or repudiation, when its application is sought to be thus legitimately extended. It is no violent presumption to affirm that the system of superannuation pervading the entire public service is one sanctioned by experience, and in accordance with the soundest economic views. There is a period in everyone's life when Nature demands repose, when mental and physical energies inadequately respond to perpetual calls for their active exercise; and labours performed, as well as duties fulfilled, constitute a title to rest on the part of those who have worked worthily and well. When a public servant accepts his pension his retirement has a double operation. It enables a successor of greater physical capability and adequate competency to occupy his position, and it encourages such successor in the continued faithful discharge of his duties. No economist, however rigid, has doubted the propriety of such provision. Notwithstanding this, in the accounts of public expenditure superannuation allowances constitute an insignificant item. Except in the case of extreme age, or some unusual occurrence, men seldom resign the position which for years they have occupied, and to which they have become habituated. The great majority of public servants die while holding their appointments. Should, however, calamity come, or necessity arise, they have the comforting assurance that they are at least secured from want, not as a matter of benevolence or by any act of special grace, but as the recognised payment of past services—services rendered, as it were, in anticipation of such possible result. The incomes of these officials while in their positions range from hundreds to thousands a year; their duties seldom occupy a longer time than six hours daily; their responsibilities are generally limited to the performance of routine work; they have their annual vacation; and the qualification for their appointments, even in this competitive age, involves no more than an average education. Contrast this with the position of the medical officer to a Poor-law or Dispensary institution. He is equally, in his official duties, a public servant. The qualification for his appointment necessitates a high-class education, years of professional study, and the outlay of a large amount of capital; his official obligations have no limit by time; his cessation or relaxation from work must be accomplished at a personal loss; the responsibilities of his office involve questions of life and death, and the best interests of the community; while his remuneration seldom reaches that figure which the humblest class of civil servants receive during their probationary years. Youth consequently finds him struggling with difficulties, and old age too frequently overtakes him without provision. To the country parts of Ireland generally, and to many of our English districts, these observations apply. It is notorious that the salary of the medical officer is generally the lowest amongst the workhouse officials. It is curious to examine the arguments urged in vindication of such a position. The appointments, it is affirmed, are of a nature which conduces to practice, and so indirectly have their advantages. True. If it were not so, who would think of offering as remuneration for their duties the miserable pittances attached to them? Though this be admitted in theory, how does it operate in practice? The entire remuneration and profit derivable from all sources in a district not unfrequently prove inadequate to constitute an income sufficient to admit, even with the severest thrift, of effecting a saving. Over and over again, in England as in Ireland, the dispensary medical officer or workhouse official fails to realize earnings adequate to supply other than the bare and simple necessaries of life. But even admitting that he did more, it is the very fact of his hoping and striving to do so that enables the public to have their share of his atten-

tion and skill at the rate of remuneration they offer. The original proposition remains unaffected. Say, for example, a medical officer's public services are worth only £100 a year, because he is permitted to practise: he should, on such reasoning, receive £500 a year if he were not. Having rendered those services, is he not entitled, when unable to continue them, to equal public recognition with others whose payment has been far greater, but whose responsibilities have been far less? It is replied, He is only a *quasi* public servant. That we interpret to mean, a public servant so far as work, responsibility, wear and tear of health and strength are concerned; but no public servant when the question of recompense arises. Again, it is argued that he should not have a pension, because he has other means than those of his appointment to earn money from which he ought to make provision. It would be as just to refuse superannuation allowance to A or B on the grounds that he might have lived on half his income, and saved the rest. These are shallow pretexts wherewith to subvert just claims. The true question to be determined as a principle is, should public medical services be placed on a footing similar to that of the services rendered by those employed in other public departments? We affirm that, on every ground of justice and right, such ought to be the case. What is true in principle is, unfortunately, too emphatically proclaimed in practice. The records of the Irish and English professions afford many illustrations of the circumstances of medical practitioners—educated gentlemen—whose families, struggling in all the pride of decent poverty during their parent's life, are, at his death, left entirely unprovided for. The Irish Medical Benevolent Fund, and our several English medical charities, sadly demonstrate this fact. It is on behalf of such members of the profession more especially that this question of pension or retiring allowance should be discussed. This is no mere doctor's complaint. It is an appeal to the honest feeling of the country—an appeal which, if properly supported by the undivided influence of the medical profession, must meet with a fitting response. Our Irish brethren have done well in again urging its consideration on the Executive. They possess our fullest sympathy, and, so far as in our power lies, shall receive our warmest support. Let not the agitation of this claim be attributed to a mercenary spirit on the part of medical men. The history of the medical profession refutes such an imputation. Rather ascribe it to the legitimate progress of events, which have aroused to a full knowledge of their importance, and a full consciousness of their rights, a class of public servants whose patience, under long-continued injustice, has been unfairly construed as an acquiescence in the propriety of their own wrongs.

PARASITISM as a cause of disease, or indeed as a disease in itself, was brought before the reader's notice a few weeks back in the pages of this journal (THE LANCET, Dec. 10th and 24th). Reference was then more particularly made to that portion of its history which relates to the influences an almost invisible world of minute living organisms have in diminishing our comfort and shortening our days by overrunning our bodies. The true relations of these little parasites to diseased states of structure and function are as yet, however, in many instances so obscure that the scientific medical practitioner can alone be expected to trouble himself much about them. Such is not the case, on the other hand, in respect of another group of animated creatures which fatten and batten on human bodies. These are distinct and visible enough in most instances, in many too easily demonstrable to be pleasant to the feelings of their "host," the patient. In one of their forms they are attached to us from our earliest infancy; they may be said to constitute a leg of that wonderful domestic Æsculapian tripod whereon ancient nurses are apt to seat the little victims a year old in their arms to commence the miseries of their humanity. "Worms," "teething," and "water on the head" are the supporters of the sacred vessel, and of these "worms" always secure a large share of attention, although it is to a sort of general effect of the pathological triumvirate that the misfortunes of babyhood are popularly supposed to be due. How far this exaggerated notion should be corrected, it is not our intention at present to discuss; but certainly the parasites in question do often choose to cling to us in middle age as well as in childhood, and scarcely leave us when dying. Now, with respect to the entozoa in this group which we suffer from, there cannot be any question, whether as to their frequency or their more than disagreeable effects: science is not always necessary to point out our enemies to us, popular knowledge and our own sensations being amply sufficient. Common language calls these creatures which live within our bowels "worms." In the language of science they are known as *entozoa*. Popular feeling certainly runs counter to them, in spite of nursery superstitions. There are perhaps thirty or more of these creatures which find habitats in the human body. Some like the white man best, some the dark man, whilst others show rather a predilection for special geographical limits. They vary in size from, say, the thirtieth of an inch to fifty feet in length. Some live a solitary life, whilst others congregate in human bowels by hundreds and thousands. Sometimes they kill silently, slowly, but surely, working like the once famous "aqua tofana" is alleged to have done, *unsuspiciously;* or they irritate and worry us almost to death, making life miserable, whilst yet in one sense there seems after all but little the matter with us. Notwithstanding the popular disgrace one family—the intestinal worms—suffers under, its members have become of recent years, as is well known, great scientific favourites. There is no department of pathological knowledge which has undergone more important and interesting revolutions and development than that which has been illustrated by the researches of KUCHENMEISTER, Van SIEBOLD, DUBINI, DAVAINE, Van BENEDEN, STEENSTRUP, and others. The interest which attaches to the labours of these well-known writers is not simply of a medical character. Their inquiries have laid open a new and wonderful page in the history of the development of animated beings. They have done much for medicine, it is true, but naturalists as well as physicians are greatly their debtors. Some of the most interesting and important facts which they have brought to light are those in reference to how, when, and under what forms some of the best-known entozoa find their way into human bodies, and how they may be the most easily prevented from getting there. Up to a recent period all we cared about or aimed at was how to get them quickly out after they had got so slily in. We now know, in many cases, the successive stages of their development—how they live in the pig, the sheep, the ox, and the rabbit, &c., in one or other form—how they get from them into

our bodies, and live there in another form—how they thrive with us until we cast out their ova, which pass once more into the pig and the ox, and live as it were *back again*. Curiously enough, the largest, most repulsive, and troublesome parasite of this class with which Englishmen are acquainted is that, of all others, whose developmental history has been most investigated and is most perfect. This is, *tapeworm*. Now, this pestilent follower of ours there is every probability might be almost, if not quite, deprived of its close adhesion to us and multiplication in our intestines if we could enforce the rule that measly pigs and diseased cattle should cease to form food for human beings, and that all meat should be well and thoroughly cooked before being eaten. So long as this is not the case, and so long as half-starved, enfeebled constitutions have not that vital resistance to oppose to the parasitism which is ever ready to become engendered in the way mentioned, so long will pale, weakly women in the low-lying districts of our great towns be infested with *tænia*. But if we cannot easily get rid of the old parasites, there is no reason why we should encourage new ones. At any rate let us strenuously guard against this. The introduction of fresh species to colonize the viscera of Englishmen is surely such a work as even the Acclimatization Society, in their ardour for scientific natural history, would refuse to patronize. And yet, according to a high authority in this matter,* we are going to run the risk, not only of still more widely spreading amongst human beings such entozoa as are known to be indigenous to this country, but of introducing into these islands a terrible helminthic malady, which at present is almost entirely unknown here. As all scientific practitioners are aware, and as Dr. COBBOLD now impresses upon the general public, in Egypt, and apparently throughout North-eastern Africa, at the Cape, Natal, and in the Mauritius, there exists endemically a more or less constant and formidable kind of entozootic disease. This "helminthiasis" is caused by a small parasite or entozoon, whose nature and habits were first accurately described by Drs. GRIESINGER and BILHARZ. It infests the bloodvessels, but more especially the veins connected with the liver and other abdominal viscera. In these situations it gives rise to very painful symptoms, followed, in more advanced cases, by great prostration and death. In Egypt this disease is very prevalent, for out of 363 necroscopic examinations Dr. GRIESINGER found the parasite in question in no less than 117 instances. Now, if it be asked why we need trouble ourselves so much about the parasites infesting our African brethren, Dr. COBBOLD replies—

"Not only has the highly characteristic disease been already recognised in one or two persons returning from Natal and the Cape, but I have myself also removed the fully-developed sexually mature parasite from the body of an animal supposed to be very closely allied to man—I mean, of course, one of the monkeys. To Dr. John Harley, of King's College Hospital, belongs the exclusive credit of first detecting the disease in England in the human body.....Thus, therefore, we have the distinct evidence that the bilharzia has been transported hitherward from Africa.....Up to the present time the conditions necessary for the propagation and complete establishment of the disease amongst us have not yet been sufficiently developed to promote a local origin of the characteristic helminthiasis. In other words, the higher larval stages of the bilharzia have not yet been distributed or acclimatized in this country; and, therefore, we are still free from the adult parasite. But only once let this distribution commence as a consequence of egg-dispersion on any extended scale, and I know of nothing calculated to prevent the rapid spread of the endemic amongst us."

Now when we come to reflect that every colonist returning from the Cape, for instance, is capable of bringing this parasitic guest along with him, "dwelling in his blood, feeding in his life-stream;" that in advanced stages of the affection the "host" must frequently evacuate the ova and their contained embryonic larvæ along with matters which go to compose ordinary sewage; and that it is proposed to scatter such sewage over thousands of acres to fertilize them, we shall see that, to use the words of Dr. COBBOLD, we

"Place the larvæ in those conditions which are known to be eminently favourable for the development of their next stage of growth, bringing the latter in contact with land and water snails, into whose bodies they will speedily penetrate—in short, place them in situations where their yet higher gradations of non-sexual growth and propagation will be arrived at. After all these changes, there is every reason to believe that they will experience no greater difficulty in gaining access to our bodies here in England than obtains in the case of these same parasites attacking our fellow-creatures whose residence is found in Egypt, in Natal, in the Mauritius, or at the Cape."

In a letter written to *The Times*, Dec. 7th last, Messrs. HOPE and NAPIER inform the public that "the real quantity of sewage at our disposal is only 102,000,000 tons per annum." Shades of BREMSER and of RUDOLPHI! is not this enough to make not only the tapeworm, but the bilharzia, *et hoc genus omne*, as common as our "household pets"? We are far from wishing to be alarmists, however, on so serious a matter, but we do consider it to be worth some little attention—viz., this subject of great and habitual fertilization by means of sewage. It may—very likely it may—be fraught with nothing but benefit to all concerned. But there is just a legitimate suspicion to be entertained that diseases of a certain kind may be eventually found to be increased by the practice; at any rate, Dr. COBBOLD—though riding a nag a little bit hobby-horsical, as STERNE would have said—fairly demands attention. In contradiction to his views it may, perhaps, be argued that, in those localities where sewage distribution has already been practised (of course on a comparatively small scale), no evil results of an entozoological kind have yet been shown to follow. But the truth is, as the naturalist referred to maintains, no one at present has made any particular inquiries on the subject: and, moreover, the nature of the knowledge necessary to obtain correct ideas on the matter is so little understood that very few persons are competent to report thereon.

* A National Sanitary Question. New Entozootic Malady, and the almost inevitable Increase of Parasitic Diseases in general as a consequence of the proposed extensive Utilization of Sewage. By T. Spencer Cobbold, M.D., &c., Lecturer on Comparative Anatomy and Zoology at the Middlesex Hospital Medical College. London: Groombridge. 1865.

DEATH OF M. DEBOUT.—This excellent surgeon and distinguished member of the Paris medical press died, a short time ago, after a long illness. He had given a high practical character to the *Bulletin de Thérapeutique*, of which he was the editor, and had warmly advocated all the real improvements suggested in the practice of medicine and surgery. He himself introduced many operations and therapeutical agents to the profession, amongst which may be mentioned lupuline. M. Debout's demise has caused much regret amongst his numerous friends, both in France and abroad.

Medical Annotations.

"Ne quid nimis."

MEDICAL MORTALITY.

DR. MAJER, in the *Bavarian Medical Journal* for September, 1863, combats the very common belief that poverty is conducive to long life. He quotes numerous instances, and sustains his position by referring to several eminent authorities, to show that wherever there is most poverty there is the greatest mortality. He asserts, on the calculations of Casper, that in Berlin the medium duration of life amongst the highest classes is fifty years, whilst among the indigent it is only thirty-two years. Out of a thousand of the newly born nobles of Berlin fifty-seven die during the first five years of life, but out of the same number of the newly born of the poor class three hundred and forty-five die in the same period. During epidemics the lower classes are specially influenced and decimated. The learned professions, exercised by persons living in comparative comfort, are favourable to the duration of life. Of one hundred and fifty-two literary Frenchmen whose lives are collected, it is shown that the average duration of their existences was not less than sixty-nine years. Casper, dividing the professions according to the longevity of the members, states that the average of life in the theological class is sixty-five years; in commercial men, sixty-two; in persons holding public appointments, sixty-one; in agriculturists, sixty-one; in military men, fifty-nine; in lawyers, fifty-eight; in artists, fifty-seven; and in teachers, fifty-six. Medical men are a fraction lower in the scale than teachers. Thus, amongst the professions, theologians and medical men occupy the extreme rounds of the ladder of life.

In a report on the duration of life amongst six thousand eight hundred and fifty-seven people, representing twenty-two different professions, Dr. Neufville, of Frankfort, has found the mean duration of life to run as follows:—Amongst ecclesiastics, sixty-five years and eleven months; teachers, gardeners, and butchers, fifty-seven years and ten months; commercial men, fifty-six years and nine months; lawyers and financiers, fifty-four years and three months; medical men, fifty-two years and three months; bakers, fifty-one years and six months; carpenters, forty-nine years and two months; masons, forty-eight years and eight months; shoemakers, forty-seven years and three months; joiners, locksmiths, and blacksmiths, forty-six years and three months; tailors, forty-five years and four months; lithographers and type-cutters in stone, forty years. Theologians and lawyers present the greatest number of deaths from old age. Medical men succumb specially to typhoid affections and to diseases of the circulatory system.

Dr. Escherich has calculated from a given number—viz., fifteen thousand seven hundred and thirty persons, of different professions and ages, living in the kingdom of Bavaria in October, 1852, a series of results relative to the comparative value of life. He states that foresters show a retrograde movement greater than that of other callings at every age; Protestant pastors have more old men amongst them than has any other class, but the mortality amongst them is very considerable from fifty to sixty years of age; teachers in Bavaria are very nearly in the same position as Protestant pastors; lawyers have not a very marked mortality during middle life, but after sixty it increases remarkably, to decrease again after seventy. Roman Catholic priests from forty-five to sixty-five exhibit a mortality, in Bavaria, beyond all classes of professional men except doctors. Very few of these priests live beyond eighty years. Doctors never hope for a long career; they die, at all periods of life, in greater proportion than the members of any other profession. Their largest mortality occurs during the first periods of their career. Three-quarters of them die before forty, and ten-elevenths before sixty. Old men are rare in their ranks in Bavaria. We regret that the same holds good in England. Dr. Farr shows us that the annual rate of mortality per cent. among English physicians and surgeons of the age of twenty-five and under thirty-five was 1·184 in three years, or 0·215 above the average. These hard facts are but the reflected pictures of the hard overwork and the dangers with which our brethren have to contend all the world over.

THE LIMITATION OF SCARLET FEVER.

SCARLET FEVER is (to use a paradox) the most dreaded, yet least feared, of all familiar diseases. The deadliest of fevers, continued and exanthematous, often pestilential in its progress, sparing neither young nor old but chiefly infecting the very young, and not unfrequently sweeping off the whole of the children of a family,—its irruption into a household is regarded with dismay. Yet, with a strange contrariety, so common is the disease that the profession and the public have come, as it were, to look upon it as a necessary contingency of childhood. We suffer it to persist amongst us with barely a protest, and assuredly without any systematic efforts to hold it in check. As a family evil we look upon it with just dread; as a public evil we deal with it as if it were of little more moment than a quinsy or a catarrh. We call upon the Legislature to protect us from the now less formidable small-pox and the ruck of continued fevers. Every community and local government is all agog with energy if typhus lodges in its skirts. But if scarlet fever breaks out with malignancy, the profession and people alike become possessed with an aimless and impracticable dread. Is this a compelled result arising from sheer inability to help ourselves? Are safeguards so much lacked, or is our confidence in them so slight, that we must perforce submit passively to this dreadful scourge? Have we no means by which its ravages may be limited? These questions were, in substance, submitted for discussion to the Epidemiological Society, at its last meeting, by Mr. J. N. Radcliffe, the honorary secretary of the Society, in a paper on the Prevalence, Distribution, and Limitation of Scarlet Fever in England.

There is but one gauge of the prevalence of a disease in England—the records of mortality. These furnish a history of the progress of scarlet fever for two periods: the first, of five years, extending from 1838 to 1842; and the second, of sixteen years, extending from 1847 to 1862, inclusive. Four times within these two periods the disease was epidemic—in 1840, 1848, 1852, and 1858; and the mortality was greatest in the first and last of these years, but greater in the former than the latter. If the periods be divided into quinquenniums, it would appear that the mortality was greater in the second than the first, and greater in the third than the second, but much diminished in the fourth. The decrease of mortality in the fourth quinquennium was contemporaneous with the naturalization of diphtheria, so to speak, amongst us. But notwithstanding this decrease, there is reason to believe that the disease is becoming still more prevalent in the kingdom. The sudden falling off in the mortality from it does not exceed the range of fluctuations already observed, and has been followed by an equally sudden rise. In London, an augmented mortality occurred in each succeeding quinquennium of the twenty-six years, 1838 to 1863 inclusive. In the last-mentioned year the number of deaths from scarlet fever was the largest which has ever been recorded in the metropolis, and was more than double the annual average. It is to be feared that the mortuary returns for the whole of England during 1863 will also show a large excess of deaths from the disease. Mr. Radcliffe argues from these facts and considerations that it would be an error at present to look upon the recent diminution of the mortality from scarlet fever as other than a transitory phenomenon. He maintains, moreover, that the decrease, whatever its origin,

affords no just reason against a more earnest consideration of the means for limiting the ravages of the disease.

There are many facts of great interest connected with the distribution of the mortality of scarlet fever over England. During the ten years 1851–60, one registration district only did not return any deaths from the disease—to wit, the Scilly Isles. But scarlet fever is far from being unknown amongst the population of these islands, although no case has proved fatal within the period named—a fact proving conclusively the need which exists for a registration of disease. There is much that is remarkable in the distribution of the districts of excessive mortality from scarlet fever. In many counties the number of deaths does not exceed the average in a single district. In others an excess of mortality occurs in one district only. In some the districts of inordinate mortality are more numerous. In several instances the localities of an aggravated death-rate are found grouped together, forming districts of greater or less magnitude, which Mr. Radcliffe, following a method adopted by Dr. Farr in respect to the distribution of cholera, proposes to term *scarlatina-fields*. The chief fields are as follows:—The *Sunderland field*, including six adjoining registration districts; the *Newcastle-on-Tyne field*, including two adjoining districts; the *Berwick-on-Tweed field*, also including two adjoining districts; the *Lancashire field*, including every district in Lancashire but three; the *Bradford field* (Yorkshire), including seven adjoining districts; the *Sheffield field*, including four adjoining districts; the *Nantwich field*, including three adjoining districts; the *Carnarvon field*; the *Stoke-upon-Trent field*, including three adjoining districts; the *Wolverhampton field*; the *Liskeard field*, including three adjoining districts; the *Monmouth field*, also including three adjoining districts. The Registration Divisions, in which the principal scarlatina-fields are situated, were the chief localities of mortality from scarlet fever in the seven years 1837–42, 1847, 1848.

From the localization of the principal mortality from scarlet fever in a comparatively few districts, Mr. Radcliffe argues that the question of limitation is not so formidable or so hopeless as might at the first aspect be imagined. He avers that by a strict system of isolation of a patient suffering from the disease, and disinfection of the wearing apparel of the attendants, much more can be done to control the spread of the malady than is commonly supposed. He reiterated the advice (often overlooked), that the isolation should extend to at least a month after the date of the commencement of the attack. The difficulties frequently met with in securing isolation and disinfection are no doubt often most disheartening, but that is no just ground for the neglect of these measures, which it must be confessed has become too common. Isolation, however, Mr. Radcliffe admitted, could not possibly be obtained in the densely crowded courts and back-alums of towns, where every room in a house formed the domicile of a separate family. Under these circumstances some special provision was required, and Mr. Radcliffe insisted that this is to be obtained by the establishment of special wards in connexion with workhouse infirmaries and general hospitals. Such a provision would admit of cases of scarlet fever and other contagious diseases, as in the case of small-pox, being weeded out of the densely packed houses as they occur. To some such means as the one indicated we could alone look for a solution of the difficult question discussed.

Withering, in the past century, had pointed out the probability of stopping the progress of scarlet fever by the adoption of methods of a character similar to those made use of to limit small-pox. This was anterior to the discovery of vaccination. Withering's observation does not appear to have been fully appreciated until recently. In the course of the past year the honorary secretary of the Manchester and Salford Sanitary Association, Dr. Morgan, in one of his reports, recommended the establishment of self-supporting hospitals for the reception of scarlet-fever patients. Mr. Radcliffe would extend this suggestion; and it must be admitted that a portion of the parochial rates, and of the immense charitable funds set apart for the benefit of the sick, could not be expended in a manner more calculated to benefit the community than by the carrying out some such scheme as he has indicated.

"OXYGEN GAS."

THE worst of all ways for properly training a boy with tastes for scientific pursuits is a cultivation of fondness for doing chemical experiments without any notion beyond the production of a startling result, some change of colour—the formation of pretty crystals—or the intense satisfaction of a bang. The tendency to acquire a smattering of knowledge about many things is one of the besetting faults of the generation now grown up; and a similar misdirection of eager young minds only tends to perpetuate the evil. For that desire to know which we call a child's curiosity, is a very different thing from the aimless curiosity of an adult. To let young lads make experiments with the contents of elegantly finished cabinets of pretty apparatus until the materials are exhausted and the glass all broken is about equivalent to supplying with tittle-tattle the maw of a full-grown gossip. In both cases there is fostered a taste which may at any time be productive of mischief. Many a lad with a genuine love of scientific research has had this healthy inclination warped by some injudicious friend presenting him with the means of performing brilliant experiments. That salutary dread of "a blow up" which pervades the maternal mind whenever guns or chemicals are objects of youthful ambition sometimes averts mischievous results. More frequently it is the exhaustion of materials or some pocket-money difficulties which check the experimental ardour of the juvenile expert. But in a few cases the whole extent of the danger is actually realized in an explosion or detonation, or by some practical demonstration of the influence of caustics on tissue or clothing.

The most tempting of all experiments to the fledgling chemist, who knows little, and therefore fears nothing, are those performed with oxygen gas. They are the perfection of pyrotechny without any smoke or smell. And no amiable relative with proper pride in the rising scientific genius of the family could refuse such trifling outlay as is requisite for supplying a retort and trough, and a few glass jars; young Hopeful buying the materials.

It would, however, cause a little more hesitation if it were generally known that the manipulation of these simple appliances for making oxygen gas, except when undertaken by skilful and experienced operators, involves a risk almost as great as that encountered in the wholesale manufacture of gunpowder, the construction of fireworks, the preparation of phosphorus, or the making of lucifer-matches. As in these occupations only skilled workmen are employed, accidents are, in fact, far less likely to occur than in cases where the generation of oxygen gas is undertaken by inexperienced persons with defective apparatus.

The quantity of this gas daily prepared is enormous. Setting aside the use of it for therapeutical purposes, there is an immense supply required every day for producing those brilliant effects of light which dazzle the admirers of transformation scenes in pantomimes, which produce the shadow Dinorah dances to, and give such startling reality to Mr. Pepper's ghosts. Moreover, the oxy-hydrogen, or lime light, has now almost superseded the oil lamp for magic-lantern exhibitions, and is extensively used for printing and enlarging photographs on glass.

Therefore it was that at the last meeting of the Photographic Society of London a discussion of considerable practical importance occurred in reference to the preparation of oxygen gas, the causes of danger, and the precautions which should

be adopted. It is needless to say that the speakers had chiefly in view that terrible accident which recently occurred at Manchester, where by explosion of a retort two people were killed, as though shot by a cannon-ball.

The occurrence of accidents of this nature was attributed chiefly to the following errors: the use of finely-powdered ingredients, a quantity of the gas, suddenly liberated, forcing the manganese into the pipe, which it blocks up; the tubes being too small; the admixture of some organic matter with the black oxide of manganese, when the hydrogen disengaged produces the well-known explosive mixture.

The precautions advised deserve special attention. The pipe from the retort should be of large bore, and have fitted to it a piece of india-rubber tubing, which acts as a safety-valve. The head of the retort should simply fit on to the body like an alembic, without any screw; so that on sudden pressure the top might be lifted off, instead of the strong iron vessel bursting, just as a shell is burst. The materials should be thoroughly dry before mixture, and used in coarse grains instead of fine powder. The retort should be of thin wrought iron, and the heat employed not too great; a gas jet being efficient for the purpose, and affording the means of reducing the heat when the process goes on too rapidly.

The generation of oxygen in large quantities is a process which can only be effected by using some very powerful decomposing agents; of these the most readily available is heat. But it is pre-eminently a process requiring scientific acumen in its management; and where this is not available, as where oxygen has to be obtained by a rule-of-thumb method, it is important that the possible dangers be fully recognised, and the means necessary for safety be made as simple and practical as can be. A few inches of india-rubber tubing would, in all human probability, have prevented the disastrous accident which lately occurred at Manchester.

OVARIOTOMY.

THE *London Review*, an able weekly paper of good circulation, gives its readers a *résumé* of the progress of science and literature during the past year, in which, under the head of Medical Science, we find the following paragraph:—

"Public attention has been lately attracted to the subject of the mortality in cases of the operation known as ovariotomy. Owing to the careless and what is termed 'heroic' manner in which this fearful operation is performed in this country, the number of fatal cases is unfortunately very large. It is not so on the Continent. M. Kœberlé, a surgeon of considerable eminence, wrote some time ago to the French Academy, and detailed the history of a number of most successful cases in which he operated. No less than 75 per cent. of M. Kœberlé's patients were 'turned out' cured: a fact which contrasts strongly with a series of cases operated on in Strasbourg, in all of which the patients died."

A serious charge is here made against the surgeons of this country, and one which is not only entirely without foundation, but which is not borne out by the results of their cases in any way. The public would naturally conclude that British surgeons are far behind their continental brethren as respects ovariotomy; whereas, as our readers must be well aware, the operation took its origin in this country, and it is the *success* which has followed it here that has forced it upon the attention of foreign surgeons and induced them to undertake its performance. What the writer means by the "heroic" manner of performing the operation it is not easy to conceive, since in all the cases of ovariotomy we have witnessed the utmost caution and deliberation marked the proceedings, and from the nature of the operation itself rapidity and dash (which are what we suppose is meant) are necessarily impossible.

Had the writer been better acquainted with his subject, he would have known that the object of M. Kœberlé's communication to the French Academy was to show that success was not confined to British surgeons, and to induce the Parisian surgeons to pay more attention to the details of their cases, and thus to diminish the fatality which has unfortunately accompanied the operation in Paris. The contradiction between the two statements, that "it is not so on the Continent," and the record that all the patients at Strasbourg died, is too absurd to require comment; unless, indeed, the author's geographical knowledge is so slight that he fancies Strasbourg to be a British possession!

Loose and erroneous statements of this kind are eagerly read by an ignorant public, always ready to carp at what they do not understand; and we should not wonder if this precious lucubration prevents the performance of many an operation which in all probability would rescue an otherwise doomed woman; or it may be used to excite public indignation against the operator on the next unhappily unsuccessful case.

THE INDIAN MEDICAL WARRANT CANCELLED!

CAN it be true, as announced in the *United Service Gazette* of the 28th ult., that the Indian Medical Warrant of Sir Chas. Wood—the liberality of which we recently praised, and which we looked upon as the harbinger of better days for the whole Army Medical Department—has been *withdrawn and cancelled*, without any other reason assigned beyond that its original issue was *a mistake?* Medical officers who had already drawn a portion of the increased pay have, it is said, been graciously informed that they would not be required to refund; but to all others it has been notified that the Warrant is to have no force whatever. In the present imperfect state of our information, we do not feel justified in commenting on the matter. The rumour is not known to be authentic, and it is so monstrous as to seem incredible.

As, however, the next examination for assistant-surgeoncies takes place on the 20th inst., we unhesitatingly advise intending candidates to pause before they commit themselves to enter a service in which promises made in her gracious Majesty's name are thus unblushingly violated and withdrawn. Should our contemporary's information be accurate, and if the last Indian Warrant is really withdrawn and cancelled, we think that the Medical Service of the Army will have reached a crisis which cannot be surpassed. We hope, as Parliament meets immediately, that some independent member will at once take up this subject, as upon the zeal and efficiency of medical officers depends, in a very great degree, the welfare of the soldier.

SYPHILIS AMONGST THE CIVIL POPULATION.

ON the 6th inst. Dr. Babington, F.R.S., will submit to the Epidemiological Society certain suggestions for the limitation of syphilis amongst the civil population. Nothing could be better timed. The Contagious Diseases Bill of last session is on its trial. A Government committee is investigating the subject of the treatment and prophylaxis of syphilis with especial reference to the army and navy. It is well, therefore, that public attention should be drawn at the present time to the subject of the prevention of syphilis amongst the civil portion of the community. It argues well for a future (and we hope near) practical solution of the difficult question, that it should be taken up by Dr. Babington, whose name compels the most respectful attention alike of the profession and the public.

PURIFICATION OF THE PRESS.

IT affords us gratification to be able to add to the list of those journals which do not permit their columns to be defiled by the obscene advertisements of the pamphlets of quacks the name of the *Sun* amongst the metropolitan papers, and the *Wilts and Gloster Standard* and the *Oxford Times* amongst country papers. These journals have, we understand, long since adopted and acted on the resolution to omit quack ad-

vertisements. They were amongst the early pioneers, and have refused to insert them at any price or on any terms. The contrast between the columns of the "clean" and the "foul" papers is now strongly marked, and public attention is forcibly directed to this question. The metropolitan press is ranging itself, in the great majority of instances, on the side of the "clean" party; although painful exceptions still exist. But soon the unenviable privilege of being the organs of the vile gang of quacks will be confined to a conspicuous few. Provincial papers are still great sinners; and many of the most largely circulated are, from this reason, totally unfit to be admitted into a decent house. We shall be glad to hear of others which may have resolved to free their columns from this pollution.

THE

ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF

MICROSCOPICAL & CHEMICAL ANALYSES

OF THE

SOLIDS AND FLUIDS

CONSUMED BY ALL CLASSES OF THE PUBLIC.

REPORT

ON THE

PRESENCE OF COPPER IN ARTICLES OF CONSUMPTION.

WE have on former occasions exposed the practice of colouring or greening with salts of copper various vegetable substances used as articles of food. This exposure led in a great many instances to the abandonment of the practice, especially in the case of pickles and bottled fruits.

There is, however, a class of vegetables largely consumed, especially in hotels and restaurants—namely, mixed vegetables, peas and beans, in pod and in seed, preserved in air-tight cases—which have as yet been but little affected by our previous revelations. We have therefore considered it desirable once again, and in a more complete manner, to draw attention to the coloration of articles of consumption, and particularly those which have been alluded to, with salts of copper.

These salts consist, for the most part, of acetate and sulphate of copper—the first being derived from the action of the acetic acid contained in the vinegar used upon the copper of the vessels in which the pickles are prepared, and the second, known as "blue stone," being directly introduced into certain articles in the preservation of which vinegar is not employed. Acetate of copper is therefore met with chiefly in pickles, and sulphate of copper in bottled fruits and vegetables, but more especially in peas and beans preserved in air-tight metallic cases.

In jams and preserves prepared in copper utensils other salts of copper occur, as the malate and citrate, as well as the acetate; while in sugar confectionery, acetate, carbonate, and especially arsenite of copper were frequently used, and from the employment of which many deaths have from time to time resulted. Happily, this dangerous pigment is now but rarely met with, its use having within the last four or five years been for the most part discontinued—a result almost entirely due to the labours of the Commission. On the present occasion we have to do entirely with sulphate and acetate of copper, and more particularly with the former, as will presently appear.

The tests relied upon in the following analyses were the bluish colour of the ash when entirely freed from carbon, the blue colour obtained with ammonia, and the deposition of pure metallic copper on a polished iron rod placed in a suitable acid solution of the ash. These tests are all highly characteristic, and fully demonstrate the presence of the metal in question.

RESULTS OF THE ANALYSIS OF FORTY-TWO SAMPLES OF PRESERVED PEAS AND BEANS, BOTTLED FRUITS AND PICKLES.

Samples 1st and 2nd.

Purchased of—Messrs. Barto Valle and Co., 21, Haymarket.
PEAS in tin. Labeled, "Conserves Alimentaires." Contain rather much COPPER.
BEANS in tin. Labeled "Conserves Alimentaires." Contain much COPPER.

Samples 3rd, 4th, 5th, and 6th.

Purchased of—A. V. Ferré, Glasshouse-street, Regent-street.
PEAS in tin. Labeled "Petits Pois, A.F." Contain much COPPER.
BEANS in tin. Labeled "Conserves Alimentaires." Contain rather much COPPER.
SEED BEANS. Labeled "Conserves Alimentaires, E. E. D. Haricots Flageolets." Contain COPPER.
MIXED VEGETABLES. Labeled "Macedoine Legumes, A. F." Contain much COPPER.

Samples 7th and 8th.

Purchased of—Mr. Arthur Cobbett, 18, Pall-mall.
PEAS in tin. Labeled, "Petits Pois, très fin. A. G. No. 1. B.F." Contain rather much COPPER.
SEED BEANS (Haricots Flageolets). Labeled, "Maison Joret, Blanstier et Fontaine, Rue du Marché, St. Honoré, Paris." Contain much COPPER.

Samples 9th and 10th.

Purchased of—Messrs. T. and H. Morel, 210 & 211, Piccadilly.
PEAS in tin. Labeled, "Petits Pois, très fins." Contain COPPER.
BEANS in tin. Labeled, "Maison Joret, Blanstier et Fontaine, Rue du Marché, St. Honoré, Paris. Contain very much COPPER.

Sample 11th.

Purchased of—Messrs. Howis and Masson, 216, Piccadilly.
PEAS in tin. Labeled, "Petits Pois, A. F." Contain much COPPER.

Samples 12th and 13th.

Purchased of—Messrs. Fortnum, Mason, & Co., 181, Piccadilly.
PEAS in tin. Labeled, "Petits Pois à l'Anglaise." Contain rather much COPPER.
BEANS in tin. Labeled, "Conserves Alimentaires." Contain much COPPER.

Sample 14th.

Purchased of—Mr. John Sams, 173, Piccadilly.
PEAS in tin. Labeled, "Petits Pois, A. F." Contain much COPPER.

Sample 15th.

Purchased of—Messrs. Decastro and Co., 65, Piccadilly.
PEAS in tin. Labeled, "Thre. Rolland, Au Mans." Free from the smallest trace of COPPER.

Samples 16th and 17th.

Purchased of—M. Augustin Chauffourier, 9, Sackville-street, Piccadilly.
PEAS in tin. Labeled, "Jph. Colin, Rue des Salorges, à Nantes." Contain rather much COPPER.
BEANS in tin. Labeled, "Produits Garantis." Contain very much COPPER.

Samples 18th and 19th.

Purchased of—Messrs. Ball and Son, 81, New Bond-street.
PEAS in tin. Labeled, "Thre. Rolland, Au Mans." Free from the smallest trace of COPPER.
BEANS in tin. Labeled, "Conserves Alimentaires." Contain very much COPPER.

Samples 20th and 21st.

Purchased of—Mr. Robert Wood, 132, New Bond-street.
PEAS in tin. Labeled, "Petits Pois, A.F." Contain much COPPER.
BEANS in tin. Labeled, "Haricots Verts, A. F." Contain very much COPPER.

Samples 22nd and 23rd.

Purchased of—M. Jules Dissard, 26, Argyle-st., Regent-st.
PEAS in tin. Labeled, "Petits Pois à l'Anglaise." Contain much COPPER.
BEANS in tin. Labeled, "Conserves Alimentaires." Contain very much COPPER.

Samples 24th, 25th, 26th, and 27th.

Purchased of—Messrs. Lazenby and Son, 5 and 6, Edwards-street, Portman-square.
PEAS in tin. Labeled, "Green Peas from John M'Call and Co., 137, Houndsditch." Free from the smallest trace of COPPER.
BEANS in tin. Labeled, "Conserves Alimentaires." Contain much COPPER.
MIXED PICKLES. Contain COPPER.
GHERKINS. Contain COPPER.

Samples 28th and 29th.

Purchased of—M. Domenico Piccirillo, 38, Wigmore-street.
PEAS in tin. Labeled, "Petits Pois, très fins. D. P." Contain much COPPER.
BEANS in tin. Labeled, "Conserves Alimentaires." Contain very much COPPER.

Samples 30th, 31st, 32nd, and 33rd.

Purchased of—Messrs. Crosse and Blackwell, 21, Soho-square.
PEAS in tin. Labeled, "Petits Pois au naturel. Philippe and Canaud, Ville en Bois, Nantes." Free from the smallest trace of COPPER.
BEANS in tin. Labeled, "Thre. Rolland, Au Mans." Free from the smallest trace of COPPER.
MIXED PICKLES. Free from the smallest trace of COPPER.
GHERKINS. Free from the smallest trace of COPPER.

Samples 34th, 35th, and 36th.

Purchased of Messrs. Burgess and Son, 107, Strand.
PEAS in tin. Labeled, "Jph. Colin, Rue des Salorges, à Nantes." Contain much COPPER.
GHERKINS. Free from the smallest trace of COPPER.
FRENCH BEANS. Free from the smallest trace of COPPER.

Samples 37th and 38th.

Purchased of—Mr. J. R. Greaves, 524, Oxford-street.
FRENCH BEANS. Labeled, "Batty and Co., Pavement, Finsbury." Contain COPPER.
GHERKINS. Labeled, "Batty and Co., Pavement, Finsbury." On the label are representations of the prize medals awarded at the Exhibitions of 1851 and 1862; and surrounding the latter medal are the words, "For the superiority of their manufactures;" and appended to it is the following observation: "The Exhibition Prize Medal was awarded to Batty and Co. for the superiority of their manufactures. The bottled fruits, jams, and jellies are prepared from the choicest gifts of Nature, gathered in due season, and by the peculiar and scientific application of steam retain their fresh colour and flavour for any length of time in all climates, and bear the signature of Batty and Co." Contain COPPER.

Samples 39th and 40th.

Purchased of—Mr. George Ward, 4, Store-street, Bedford-square.
GREENGAGES. Labeled, "Thomas Snelling." Made green with COPPER.
INDIAN PICKLES. Made very green with much COPPER.

Sample 41st.

Purchased of—Mr. Jones, 224, Tottenham-court-road.
GOOSEBERRIES. Labeled, "Miles and Sons, Grocers, Tea-dealers, Piazza, Covent-garden." Contain a very small quantity of COPPER.

Sample 42nd.

Purchased of—Messrs. Blaxall and Co., 33, Lamb's-Conduit-street.
GOOSEBERRIES. Contain much COPPER.

From the analyses above recorded it appears that of 30 samples of Peas and Beans and Mixed Vegetables preserved in tin cases, 25 contained copper in the form (in most if not all the samples) of *sulphate of copper*, and that 5 only were genuine and of the natural colour, these being the peas obtained from
Messrs. Lazenby and Son, labeled "John McCall and Co.";
Messrs. Ball and Son, labeled "Thre. Rolland";
Messrs. Decastro and Co., labeled "Thre. Rolland";
and, lastly, both the peas and beans procured from
Messrs. Crosse and Blackwell, labeled respectively "Philippe and Canaud," and "Thre. Rolland, Au Mans."

Of the 9 samples of pickles tested, 5 contained ACETATE OF COPPER, and 4 were entirely free from that metallic salt; the uncoloured samples being—

French Beans, and Gherkins, } purchased from Messrs. Burgess and Son;
Mixed Pickles, and Gherkins, } purchased from Messrs. Crosse and Blackwell.

Of the 3 samples of bottled fruits examined, all contained copper, most probably the sulphate.

These results exhibit a very unsatisfactory and reprehensible state of things, especially as regards the peas, beans, and mixed vegetables in air-tight cases. In these, for the most part, the quantity of copper found was considerable, as shown by the solution of the ash becoming, on the addition of ammonia, frequently of a deep and intense blue colour; and its presence is due to its intentional introduction for the purpose of making the vegetables to which it is added of a bright green colour.

It will be observed, on looking at the analyses, that these articles reach this country chiefly from France, also that in many instances the tins had not the names of the manufacturers attached to them. The reason for this omission is obvious: in France adulteration of all kinds is most severely punished, both by fine and imprisonment; if therefore the makers were to import them in their own names they would render themselves liable to detection and punishment; they are consequently in most cases introduced clandestinely.

Even in this country, under the recent Adulteration Act, the introduction of sulphate of copper into articles of consumption constitutes an offence; but then the Act in question, from the difficulty which exists of putting it in force, is inoperative and useless.

Although, therefore, the majority of English preparers of these and similar articles stand acquitted of blame as makers, they are not so as the vendors, since they all, or very nearly all, are aware that the vegetable substances in question are greened with copper, and yet they sell them, and this in some cases they persist in doing, even after previous exposure. Thus, in the report of the Commission published in THE LANCET of the 30th of November, 1861, we find that the peas and beans purchased of Messrs. Fortnum and Mason, and of Mr. A. V. Ferré, were all stated to contain copper, as also the beans obtained of Messrs. T. and H. Morel and Messrs. Howis and Masson.

The difference in the price charged for the various samples was very striking, and seemed to bear no relation whatever to quality, the cheapest being in some cases really the best. Thus Messrs. Fortnum and Mason charged 9*s.* for four pint tins, being at the rate of 2*s.* 3*d.* per pint; Messrs. Barto Valle and Co., 2*s.* per pint; Messrs. Dissard and Son, 1*s.* 9*d.* per pint; Messrs. Lazenby and Son, 1*s.* 6*d.*; Messrs. Howis and Masson, and Messrs. Crosse and Blackwell, 1*s.* 2*d.* per tin; the latter sum being nearly one-half that charged by Messrs. Fortnum and Mason.

Some idea of the enormous consumption of pickles and preserved vegetables of different kinds, and consequently of the importance of the presence or absence of copper, may be gathered from the following statistics of the sales of a large firm in the year 1864:—

Pickles, 216,000 gallons, of which 104,000 consisted of gherkins, beans, and cucumbers. West India pickles, imported, and sold as imported, 2800 gallons. Bottled fruits for tarts, 35,000 dozen quart bottles, of which 17,000 dozen consisted of gooseberries, greengages, plums, and rhubarb. Philippe and Canaud's peas and beans—peas, 10,600 tins; beans, 1700 tins.

MEDICAL PROVIDENT SOCIETY IN CONNEXION WITH THE BRITISH MEDICAL ASSOCIATION.

THE second meeting of the Directors of the Medical Provident Society was held at the Freemasons' Tavern, London, on the 27th ult. There were present: Dr. Richardson, in the chair; Dr. Armstrong (Gravesend), E. Bartleet, Esq. (Campden), R. B. Carter, Esq. (Stroud), Dr. Chevallier (Ipswich), J. Clay, Esq. (Birmingham), Dr. Desmond (Liverpool), Dr. Fayrer (Henley-in-Arden), Dr. Latham (Cambridge), C. F. J. Lord,

Esq. (Hampstead), Dr. Morris (Spalding), T. Heckstall Smith, Esq. (St. Mary Cray), Dr. A. P. Stewart (London), H. Veasey, Esq. (Woburn), S. Wood, Esq. (Shrewsbury), and Dr. Henry, Secretary.

The minutes of the last meeting of the Board of Directors were read and confirmed.

Letters stating their inability to attend the meeting were read from Dr. Bryan (Northampton), Dr. Burrows (London), H. D. Carden, Esq. (Worcester), Dr. Collet (Worthing), Dr. Littleton (Saltash), and Dr. Waters (Chester).

Dr. Sieveking, of London; Sir Henry Cooper, of Hull, being unable to attend to the duties, tendered their resignation; steps were taken to fill the vacancies.

Mr. CLAY moved, "That the Medical Provident Society be registered under the Friendly Societies Act."

Mr. HECKSTALL SMITH seconded the resolution, which was carried unanimously.

The rules will, therefore, have to be submitted to Mr. Tidd Pratt, and also to Mr. Finlaison.

The rules were discussed seriatim, and, subject to this revision, they are in outline as follows:—

The object of the Society is to enable certain duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness or casualty which render them unable to discharge their professional duties. The Society is to consist of honorary and contributing members. Donors of ten guineas and upwards, being duly registered practitioners, and approved by the Board of Directors or Executive Committee, may become honorary members for life; and shall be eligible to office, but shall not have any claim on the sick fund unless they be also contributing members. The Board of Directors may also confer the title of honorary members on benefactors of the Society, but these shall have no part in the management of the Society nor claim on its funds.

Contributing members are to be duly registered medical practitioners residing in the United Kingdom, and approved by the Board of Directors or Executive Committee, enrolled in the books of the Society as contributors to the sick fund for benefit. They must not be in active service or on full pay in the army or navy. They must be healthy; and must not have any organic disease, or predisposition to periodical or recurring attacks of illness, likely to incapacitate them from discharging their professional duties. A candidate for admission as a contributing member is to be required to fill up an examination paper (resembling those of insurance companies) and to obtain a certificate of health from two registered medical practitioners; and also to sign a declaration of the truth of the statements made on the examination paper. These being found satisfactory, he is to be admitted by the Executive Committee, and duly enrolled. Any contributing member obtaining admission by means of false statement is to be expelled, if the fraud be proved by investigation within twelve months from his admission, and will thereon forfeit all interest in the Society.

The annual contributions are to be paid within a fixed time; and any member not doing so will be suspended from receiving benefit; but the suspension may be removed if the arrears are paid within a certain period, and a certificate of health is produced. Members who have been struck off in consequence of not paying their subscriptions may be again admitted on complying with the rules for original admission.

The funds of the Society are to consist of an Auxiliary Fund, a Sick Fund, and a Management Expense Fund, of each of which a distinct account is to be kept.

There are to be three classes of contributors to the Sick Fund; viz., members not exceeding forty-five years of age, who are to be entitled to receive benefit during the whole of life; members within the same limit of age, whose subscriptions and benefits are to cease at the age of sixty-five; and members aged between forty-five and sixty, who may be admitted up to July, 1867, and from whom probably an admission-fee will be required in addition to the annual subscription.

The Sick Fund, or a competent part thereof, is to be from time to time applied, as occasion shall require, for the benefit of such of the contributing members respectively as shall have conformed to the rules of the Society, and who, suffering from sickness or casualty, may be unable to follow their usual professional occupation; but no member is to be entitled to claim benefit in consequence of infirmity. Every contributing member who has been enrolled a member of this Society upwards of twelve months, and who has paid his annual contributions, shall be entitled to receive, during the first twenty-six weeks of his illness, two pounds per week; and if his illness continue longer than twenty-six weeks, he shall then be entitled to receive one pound per week.

Regulations are made for the proceeding to be followed when a contributing member is desirous of recovery of sick pay; also for his periodical visitation by a referee of the Society, if he continue a certain length of time in receipt of pay.

The Auxiliary Fund is to consist of all donations and bequests made to the Society, and of the interest which shall be from time to time received from the investments of the same. This fund is to be under the especial direction and control of the Board of Directors, who are empowered to apply it to increase the Sick Fund, whenever this may be necessary.

The affairs of the Society are to be managed by a Board of Directors, elected in part by the Committee of Council and the branches of the British Medical Association, and in part by those members who do not belong to the Association. The chairman and vice-chairman are to be elected by the British Medical Association at its annual meeting. The directors are to hold an annual meeting either in July in each year, or at the time and place of the annual meeting of the British Medical Association, and are to meet at such other times as the business of the Society may render necessary. Provision is also made for calling special meetings of the board. A report is to be presented to the annual meeting of the British Medical Association. The directors are to elect a treasurer, secretary, trustees, and auditor; as well as an executive committee for carrying on the business of the Society. The special duties of the various officers are defined. Power is given to the Society to appoint agents in such localities as they may think fit; and they are instructed to appoint duly registered practitioners to act as referees in cases demanding inquiry.

After these rules had been discussed and adopted, a very handsome letter was read from Mr. Finlaison, the Actuary of the National Debt, who undertakes the revision of the tables, and adds,—"With regard to the fee, as the inroad on my time will not be very important, I beg that nothing more may be said on the subject, but that I may be permitted to render the directors the service you mention without any further question of charge. A general respect for the profession, as well as for the laudable object now more particularly held in view, impels me to take this freedom. I trust it will be pardoned."

A proper acknowledgment was made of this high-minded and delicately-expressed generosity of feeling. In another letter Mr. Finlaison writes as follows:—

"I would be glad, in the interest of the Society, to learn, if possible, that the means could be found of creating some fund in the nature of a reserve, for the purpose of meeting demands which the experience of ordinary provident societies is not accustomed to anticipate, but which may arise out of the associated risks of a body of professional men, whose sense of duty and undaunted courage every day lead them to face dangers from which the common run of people reasonably shrink with the utmost dread."

The CHAIRMAN moved,

"That the sincere thanks of the Board of Directors be given to John Clay, Esq., for the valuable assistance which he afforded the Executive Committee by drawing up a draft code of rules and tables for their consideration."

Mr. HECKSTALL SMITH seconded the motion, which was carried unanimously.

On the motion of Dr. CHEVALLIER and Dr. ARMSTRONG, Dr. Westall was elected Treasurer of the Society, and the Executive Committee constituted of the same members as had acted *pro tem.*

On the motion of Mr. CLAY and Mr. HECKSTALL SMITH, Dr. Alexander Henry was appointed Secretary, at the salary of £100 per annum.

A vote of thanks was given to the Chairman, who amply merits the grateful acknowledgments of his professional brethren for the energy and ability with which he has proceeded in initiating so well a Society which we trust will pursue a useful and prosperous career.

OVERWORKED MEDICAL OFFICERS.—At an inquest recently held by Dr. Lankester, in Baker-street, Marylebone, the jury appended to their verdict the following special resolution:—"That the jury are further of opinion that the medical gentleman appointed to the district in which the deceased died has too many cases to attend in the course of the day, and they recommend that additional medical assistance should be provided for the poor of the Christ Church District." The board of guardians have taken the matter into their consideration.

Correspondence.

"Audi alteram partem."

TREATMENT OF THE SICK POOR.

To the Editor of THE LANCET.

SIR,—Your article of last week will, I hope, be the means of some legislative interference on this subject, for until some alteration be effected in the administrative system of the Poor-law the interest of the sick poor will not be properly cared for.

Mr. Farnell, the Poor-law Commissioner, asked one of the witnesses in the case of Timothy Daly, who exclaimed against the medical treatment, "if he could hit the blots." Having myself held an appointment to one of the largest infirmaries in the metropolis as medical officer under the Poor-law, and subsequently that of district surgeon to a country union, my experience may in some measure help Mr. Farnell to "hit these blots." First, I consider the system of election of guardians a bad one; these men are generally appointed for interested purposes, or are totally unfit for administrators. With the same powers as they have, I would suggest a well-paid and well-educated gentleman, who should be appointed by the Poor-law Board, and act *sub judice*. You would then have an administrator of the laws of humanity and justice, acting free from all local influence, without pinching the poor or crippling the officers.

The medical officer should be appointed in like manner, and be paid *pro rata* after the number of inmates of the workhouse, or the population of his district, with a salary sufficient to maintain him without private practice; and in every case he should be allowed a dispenser, and all drugs found by the union.

For very extensive union districts I would suggest the poor going to any medical man they liked, who should prescribe only, the medicine being dispensed by the district dispenser, and that a certain charge should be made for each prescription, and an allowance made for travelling expenses; all bills payable quarterly, subject to taxation.

In this way, or some modification of it, these "blots," which injure the poor, bring Poor-law surgeons into bad odour with the public, which increase the parish rates, and which are now a public scandal and disgrace to the present system, would soon become obliterated.

I am, Sir, your obedient servant,

Jan. 24th, 1865. SEMPER VIGILANS.

PRYCE *v.* BOWEN.

To the Editor of THE LANCET.

SIR,—As I had the honour of being professionally concerned for the defendant in this case, I take the liberty of informing you, who have in your columns so ably advocated his cause as well as that of the medical profession generally, that the plaintiff on the very day that judgment was signed against him in the above action made himself a bankrupt, scheduling Dr. Bowen as a creditor for the costs of his defence, and also scheduling his own solicitors, Messrs. Evans, Son and Sandys, Liverpool, as creditors for £50, or thereabouts, balance of their bill against him for the prosecution of the action.

The bankrupt states that his furniture was sold to meet the guarantee given to his solicitors in the action, and he declares that the assets available to his creditors amount to £2, or thereabouts, and no more!

Since the termination of the action, a pamphlet containing a garbled account of the trial has been published by or on behalf of the plaintiff. This pamphlet, which does not contain a single extract from, or allusion to, the evidence or statements of counsel for the defence, has been circulated very generally among the inhabitants of Birkenhead, who are thereby solicited to subscribe to the expenses of the plaintiff's proceedings.

The category of malignant blows aimed at my client's position and reputation as a surgeon is completed by a letter addressed by the plaintiff Pryce to the *Birkenhead Advertiser* of the 21st inst., which, as THE LANCET is especially attacked, I send herewith.

The venom and spite exhibited towards friend and foe, the Editor of THE LANCET included, are so manifest, that doubtless the object and purpose of the letter—namely, to injure Dr. Bowen—will be defeated by itself; and I do not send it to you for the purpose of eliciting any further sympathy or advocacy from your paper (for that were impossible), but simply from this, and the other instances adduced, to illustrate the consequences to any medical man, however well qualified, who may be made the subject of an unwarrantable and mercenary attack such as that lately made upon Dr. Bowen in reference to the treatment of Mrs. Pryce's fractured arm.

It would perhaps ill become me, and I do not therefore presume, to offer for my client the acknowledgments which are due to the press and the medical profession for the part they have so generously taken in the cause of a persecuted medical brother. It has resulted not only in deep personal sympathy with Dr. Bowen, coupled with a complete indemnity from all expenses he has incurred in the action, but (which is of far greater moment), in the universal exoneration of him by his medical brethren from the charge of malpractice.

Dr. Bowen will, I know, take a fitting opportunity of acknowledging the debt of gratitude which the medical press, the Indemnity Fund Committee, and the subscribers to the fund have imposed upon him, and I would only, in conclusion, congratulate the medical profession on the conspicuous example of honourable brotherhood which in this righteous cause they have set to all other liberal professions in this country.

I am, Sir, your obedient servant,

Crypt Chambers, Chester, Jan. 30, 1865. EDWARD EVANS.

*** We publish Mr. Evans's letter, but we think that the stupid pamphlet, and the more stupid letter referred to in his communication, should be simply treated with contempt. It is natural that "the galled jade should wince."

To the Editor of THE LANCET.

SIR,—I wish to inform the members of the medical profession that sufficient contributions have been raised to enable Dr. Bowen to defray the legal expenses incurred by the late trial, Pryce *v.* Bowen.

Yours truly,

H. D. SCHOLFIELD, M.D., *Treasurer*.

Hamilton-square, Birkenhead, Jan. 31st, 1865.

Further Contributions to the "Bowen Fund."

Preston, per Dr. Hammond	£17	16	6
Dr. Waters, Chester	5	5	0
Dr. Stevenson, Birkenhead ...	5	0	0
Mr. Mullock, Chemist, Birkenhead ...	0	10	6
J. Boutflower, Esq., Manchester ...	1	1	0

To the Editor of THE LANCET.

SIR,—I shall feel greatly obliged if you will insert the enclosed additional list of subscriptions to the "Bowen Fund" in this week's LANCET.

I remain, Sir, yours faithfully,

Winckley-square, Preston, Jan. 31st, 1865. J. H. HAMMOND.

E. L. Dixon, Esq., Preston	£1	1	0
James Hall, Esq., ditto	1	1	0
Wm. H. Spence, Esq., ditto	1	1	0
Dr. Arminson, ditto	0	10	6
Dr. Marshall, ditto	0	10	6
J. Rigby, Esq., ditto	0	10	0
Dr. Gradwell, Lytham	0	10	6

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 26th ult.:—

Adrien, Edward William, Old Town, Co. Dublin.
Annington, Bushell, Hampstead.
Charlton, Alfred, Tunbridge.
Cheatle, Edward, Tamworth.
Child, Edwin, Vernham, Andover.
Cotter, Arundel Hill, Cork.
Curtis, Charles Edwin, Yately, Hants.
Dowman, Joseph Rymer, New Zealand.
Drummond, Edward, M.D., Blyth, Northumberland.
Grimes, John, Castle Thorpe, Bucks.
Howes, Frank Charles Plumptre, Great Yarmouth.
Jacques, John Thomas, Birstall, Leicestershire.

Jeffreys, Richard, Chesterfield.
Morgan, William John, Burwood-place, Edgware-road.
Murray, John, Aberdeen.
Orme, Robert, Instow, North Devon.
Parkinson, Richard Colville, Guildford.
Purcell, Ferdinand Albert, M.D., Cork.
Shaw, James, Handsworth.
Taylor, Arthur, Kennington.

The following were admitted on the 27th ult.:—

Armistead, John William, Leeds.
Bryan, John Morgan, Northampton.
Clayworth, Charles Creasey, Spilsby.
Gosselin, William, Cavan, Ireland.
Kilroy, Mark Antony, Virginia, Co. Cavan.
Neate, Charles Pitt Wetherell, Fowey, Cornwall.
Redwood, Thomas Hall, Rhymney, Monmouth.
Shedd, Ebenezer, Montreal.

NAVAL SURGEONS.—At a meeting of the Court of Examiners of the Royal College of Surgeons on the 24th ult., the following gentlemen passed their examinations for Naval Surgeons:—

Bellamy, Geo., M.R.C.S. Eng. (Aug. 31st, 1859), Haslar Hospital, Gosport.
MacLaurin, Henry Normand, M.D. and L.R.C.S. Edin. (1857), Greenwich Hospital.
Shaughter, Charles Henry, M.R.C.S. Eng. (June 20th, 1856), H.M.S. "Royal Adelaide."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 26th ult.:—

Broom, Charles, City-road, E.C.
Hedley, John, Newcastle-on-Tyne.
Renton, William Matthew, Newcastle-on-Tyne.
Watson, George Henry, Jersey.
Wilford, John George Frederick, Brompton, Yorkshire.

The following gentleman also on the same day passed his first examination:—

Shedd, Ebenezer, Manchester.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed this examination on the 27th and 28th ult., and received certificates of proficiency in General Education:—

Aldridge, A. H., Poole, Dorset.
Atkinson, Edw. F., Alma-square, St. John's-wood.
Attwater, W. A., Lawn-place, Shepherd's-bush.
Bishop, Sydney O., Sandhurst, Berks.
Blue, W. A. S., St. Barthol. Hospital.
Booth, E. J. H., Queen-street, Huddersfield.
Chester, J. C., Redruth, Cornwall.
Coles, G. C., Blenheim-crescent, Notting-hill.
Cufaude, Frank, Acle, Norfolk.
Dorin, Arthur F. L., Drayton-grove, Brompton.
Goodsall, David H., Windmill-street, Gravesend.
Hargrove, Joseph, Wolverhampton.
Irving, Charles, Duncan-terrace.
Jackson, H. E., Highbury-grove Villas.
Jarvis, Nathaniel H., Kingsbridge.
Kesteven, W. H., Manor-road, Holloway.
King, W. Moore, Sussex County Hospital, Brighton.
Longhurst, Alex., Farnham, Surrey.
Norman, Burford, Guy's Hospital.
Pickering, P., Henley-on-Thames.
Pink, Thos., Croom's-hill, Greenwich.
Prigg, Frederick, Bury St. Edmunds.
Rigg, C. F., Wigan, Lancashire.
Rodberd, H. H. C. A., Preston, near Yeovil.
Smith, T. Somerville, Sittingbourne, Kent.
Taylor, John R. A., Dorchester.
Thorpe, Lewis, Bradford-st., Walsal.

PROFESSOR HUXLEY, F.R.S. — This distinguished comparative anatomist will give his introductory lecture of a course of twenty-four, on the Structure and Classification of the Mammalia, on Monday next, at the Royal College of Surgeons, in continuation of the course published in THE LANCET last session.

DEATH OF MR. EDMUND BELFOUR.—The members of the Royal College of Surgeons of England will learn with regret that this gentleman, whose name is as familiar to them as a household word from the many thousand diplomas to which his autograph as Secretary to the College is attached, expired on the 30th ult., at his residence in Lincoln's-inn-fields, in the seventy-sixth year of his age. Although not what is called a "popular man" with the majority of the Fellows and Members of the College, he was highly esteemed by the Council of that institution, who a few years ago presented him with a handsome service of plate of the value of two hundred guineas, "in acknowledgment of his zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered the College in all its departments during the fifty years of his tenure of the office of Secretary." Mr. Belfour entered on the duties of his office in very exciting times, when the members of the College were deprived of nearly all their rights and privileges, and only allowed to enter their own theatre by a miserable little back-door, situated in what was then scarcely better than stable mews in Portugal-street, immediately opposite the then wretched Golgotha where King's College Hospital now rears its noble front. Woe to the unhappy wight who dared to expostulate with the ruling powers; he would soon find himself dragged by burly constables to the neighbouring police-office at Bow-street, as the founder of THE LANCET once found himself for vindicating the rights of his fellow members, all of which he lived to see more than fully conceded, much to the discomfiture of the then Councillors of the College. None felt the surrender of these rights more acutely than the subject of this notice; but he, too, lived to see how futile were all endeavours to arrest the onward progress of reform of collegiate abuses, and to admit, but only to a limited extent, that the measures had been well carried out by those whom he used to term "the infernal radicals." To the last, however, he was opposed to the present plan of electing Councillors, being a strong supporter of self-election as the only means to secure respectability, although admitting that up to the present time the gentlemen elected were of as high character and ability as any who could have been admitted under the self-election principle. Mr. Belfour had for the last five or six years been relieved from the great and increasing pressure of official business by the appointment of his friend, Mr. Edward Trimmer, as Assistant-Secretary — a gentleman well qualified, by education, official tact, and gentlemanly bearing to all the members of the College, to succeed him in his secretarial duties. Mr. Belfour leaves a widow and two daughters to mourn his loss. His remains will be interred this (Saturday) morning in the burial-ground of Hackney Old Church.

ENTOZOA.—Mr. S. S. White read a paper upon this interesting subject at the last meeting of the Charing-cross Medical Society, in which he dwelt particularly upon the tape-worm, and entered very minutely into the propagation and migration of this troublesome parasite. He proved by many illustrations that its growth often commences in the alimentary canal in consequence of the sufferer having eaten of unclean vegetable and uncooked animal food. The larvæ have been frequently found floating in ponds and on stagnant water; and a whole village has been known to be infested after partaking of water containing the larvæ of this worm. Mr. White showed that the disease thus engendered is more prevalent in Germany than in this country, and also (from statistics) that it is more frequently found in females than in males. Trichina spiralis next came under notice; and particular attention was directed to the necessity for more effective measures for the detection of diseased pork, especially that in a measly state.

THE INJURIES RECEIVED FROM THE LATE ACCIDENT AT WESTMINSTER.—Of the cases of injury sustained by the recent calamity at St. Mary's Schools, Westminster, 25 were admitted as in-patients, and 59 are at the present time under treatment as out-patients at the Westminster Hospital. Amongst the former the ribs were fractured in 12 patients, the clavicle in 5, the bones of the arm, 1; forearm, 4; thigh, 1; leg, 4; scapula, 1; bones of face and skull, 2. The body of the sixth cervical vertebra was broken through vertically in a female, who died thirteen hours after admission. Concussion of the spine was noticed in 3 cases, and of the brain in 3 cases; whilst 16 patients had various wounds and contusions. Two patients have died. The injuries amongst the out-patients were more or less severe contusions, and fracture of the ribs, clavicle, and bones of the arm. At Guy's Hospital a lad of sixteen has been treated for a fractured clavicle; and at St. George's about 40 patients were attended to suffering from various injuries, 4 of them being in-door patients. We have, therefore, a record of some 125 persons who were injured, the injuries in the great majority being confined to the trunk and upper extremities.

Obituary.

DR. JONES QUAIN.

THIS eminent and venerable anatomist and physician is no more. Dr. Jones Quain belonged to a generation of distinguished professors who are gradually passing away, but of whom some still flourish in a green old age, and with still growing fame. He will be chiefly remembered as the author of "Quain's Anatomy," and, jointly with Mr. Erasmus Wilson, of the most elaborate series of anatomical plates published in this country. The anatomical works of Dr. Quain have long been, and will long continue to be, standards of the highest class. He was a most able and popular lecturer on this his favourite science, and was colleague with Mr. Lawrence in teaching at the Aldersgate-street School. Soon after the opening of University College Hospital School, he became

connected with that institution as successor to Mr. Pattison, and displayed the power and ability for which he was already known. Dr. Quain was a man of gentle and retiring character, indisposed to pass through the turmoils of controversy, and his retirement from his official position at the University College Medical School was due to this reluctance to endure some controversial hostilities which were incidental to that period and position. Since then he has passed a life of lettered and scientific ease, visiting the great capitals and centres of science, and enjoying communion with men of congenial tastes and acquirements.

HUGH FALCONER, M.D., F.R.S.

SCIENCE has to deplore the loss of Dr. Hugh Falconer, Vice-President of the Royal Society, who died on the 31st ultimo, after an attack of acute rheumatism, with congestion of the lungs, of twelve days' duration. His remains are to be interred to-day (Feb. 4th), at Kensal-green, and the funeral will leave his residence, 21, Park-crescent, Portland-place, at twelve o'clock, when his numerous friends and admirers will have an opportunity of paying a last tribute to departed greatness.

MEDICAL VACANCIES.

Bideford Union (Hartland District)—Medical Officer.
Hendon Union—Medical Officer.
Sheffield Public Hospital—Honorary Physician.

MEDICAL APPOINTMENTS.

W. J. AGAR, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for No. 1 District of the Toxteth-park Township, vice J. Finegan, M.D., resigned.

W. H. BROADBENT, M.D., has been elected Assistant-Physician to St. Mary's Hospital, vice C. Handfield Jones, M.B., promoted.

H. DAVIES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Llanybyther District of the Lampeter Union, Cardiganshire, vice Mr. T. Davies, resigned.

W. H. COOKE, M.D., has been appointed Certifying Surgeon under the Factory Acts for the District of Aldridge and Walsall, Staffordshire.

J. R. ELLIOTT, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the No. 12 or Exmoor District of the South Molton Union, vice Spicer, resigned.

J. T. F. FINCH, L.F.P. & S. Glas., has been elected Medical Officer for the West District and the Workhouse of the Parish of Rotherhithe, vice W. S. Wallen, M.R.C.S.E., resigned.

W. GROOM, M.R.C.S.E., has been elected Medical Officer for the Newton District (being part of District No. 10, which has been divided into two) of the Wisbeach Union, Cambridgeshire, vice R. Ives Metcalfe, M.R.C.S.E., resigned.

W. J. HODGSON, M.D., has been elected Medical Officer and Public Vaccinator for the District of Tid St. Giles (being part of the late District No. 10) of the Wisbeach Union, Cambridgeshire, vice R. Ives Metcalfe, M.R.C.S.E., resigned.

J. P. IRVINE, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Southern District of the Lancaster Union, vice Irvine, deceased.

W. MURDOCH, M.D., has been appointed Medical Officer for the East District of the Parish of Rotherhithe.

G. W. RIDDEN, M.R.C.S.E., has been elected Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, vice T. H. Worger, M.R.C.S.E., resigned.

J. ROCHE, M.D., has been elected Medical Officer for the Workhouse of the Fermoy Union, vice J. M. Roche, M.D., deceased.

F. SUTTON, M.R.C.S.E., has been appointed Assistant Medical Officer to the Norfolk County Asylum.

R. STEER, L.S.A., has been elected Medical Officer and Public Vaccinator for the No. 4 (Tong and Drighlington) District of the North Bierley Union, Yorkshire, vice R. Field, M.R.C.S.E., whose term of appointment has expired.

E. M. THOMPSON, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Billinghay District of the Sleaford Union, Lincolnshire, vice G. Ritchie, M.D., resigned.

Dr. WADE has been elected Physician to the Birmingham General Hospital, vice Dr. James Johnston, resigned.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

G. AUCHINLECK, M.D., Surg. 81st Foot, has been appointed to the medical charge of the Gwalior Political Agency, in addition to his other duties, during the absence of Surg.-Major S. A. Homan, on duty as Inspector-Gen. of Hospitals at Agra.

T. S. BARROW, M.D., Staff Assist.-Surg. Army, has been appointed Assist.-Surgeon to the 23rd Foot, vice Greig, M.B., appointed to the Royal Artillery.

C. L. CUNNINGHAM, L.R.C.S.Ed., Assist.-Surg. R.N. Aug. 4th, 1860, has been appointed to the "Liverpool."

C. J. DAVENPORT, M.D., Assist.-Surg. from the 6th Dragoon Guards, has been appointed Staff Assist.-Surgeon Army, vice T. P. Flynn, L.K.Q.C.P.I., deceased.

J. DEANE, M.R.C.S.E., has been appointed Hon. Assist.-Surgeon to the 37th Kent Artillery Volunteer Corps.

J. E. DICKINSON, 1st Class Assist.-Surg. Madras Service, has been promoted to Surg., vice Surg.-Major Ford, lost with the steamer "Persia."

J. FAWCUS, M.D., Assist.-Surg. Bengal Service, officiating Civil Assist.-Surg. of Monghyr, has been appointed 2nd Assist.-Surg. to the Presidency General Hospital, vice Assist.-Surg. Palmer, appointed 1st Assist.-Surg.

L. FISHER, M.D., has been appointed Hon. Assist.-Surg. to the 29th Lancashire Rifle Volunteer Corps.

A. C. GAYE, M.R.C.S.E., Assist.-Surg., has been posted to the A Battery C Brigade Royal Horse Artillery.

E. J. GAYER, M.D., has been appointed to officiate as Civil Assist.-Surg. of Monghyr, Bengal.

J. GREIG, M.B., Assist.-Surg. from the 23rd Foot, has been appointed Assist.-Surgeon in the Royal Artillery, vice G. D. Miles, M.D., placed upon half-pay.

J. HANLAN, M.R.C.S.E., Staff Surgeon Army, has been appointed Surgeon in the Royal Artillery.

S. JOB, M.R.C.S.E., has been appointed Assist.-Surg. to the 1st Administrative Batt. of Nottinghamshire Rifle Volunteers.

J. LANDALE, M.D., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon to the 6th Dragoon Guards, vice Davenport, appointed to the Staff.

R. W. LAWLESS, L.K.Q.C.P.I., Staff Assist.-Surg. Army, has been appointed to do duty at the Depôt Hospital at Kidderpore, Bengal.

D. M'DONALD, M.D., Surgeon 101st Foot, has been appointed to the medical charge of the Staff and Station Duties at Rawul-Pindee, vice Surg. G. H. Ray, of the 13th Bengal Cavalry, who has proceeded with his Regiment.

B. W. MARLOW, M.D., Surg.-Major from the 28th Foot, has been appointed Staff Surg.-Major Army, vice Staff Surg. J. H. Ross, M.B., appointed to the 39th Foot.

T. MATHEW, M.B., Assist.-Surg. attached to the 2nd Bengal Native Light Infantry, has been appointed to the Medical charge of the Buxar and Kurruntadhee Stud Depôts, vice Assist.-Surg. Byrne, deceased.

F. O'DELL, L.R.C.S.I., Staff Assist.-Surgeon Bombay Service, has been appointed to the charge of Poorundhur Sanitarium, vice O'Kearney.

F. R. O'KEARNEY, M.D., Assist.-Surg. Bombay Service, has been appointed to the medical charge of the European and Native Details and Staff at Asseerghur.

W. T. PALIOLOGUS, M.R.C.S.E., Staff Assist.-Surg. Army, has been attached for duty to the 45th Foot at Colaba.

W. J. PALMER, Assist.-Surg. Bengal Service, officiating 2nd Assist.-Surg. to the Presidency General Hospital, has been appointed 1st Assist.-Surg., vice Surg. W. B. Beatson, promoted.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th of Dec., at Patna, the wife of Dr. J. Sunderland, Civil Surgeon of a son.
On the 9th of Dec., at Calcutta, the wife of J. Fayer, M.D., of a daughter.
On the 13th of Dec., at Benares, the wife of F. T. Wall, Surgeon, 2nd Dragoon Guards, of a son.
On the 16th of Dec., at Byculla, the wife of J. Anderson, M.D., of a daughter.
On the 23rd of Dec., at Madras, the wife of D. H. Paterson, Medical Missionary, of a daughter.
On the 16th ult., at Woodville, Douglas, Isle of Man, the wife of S. T. Speer, M.D., of a daughter.
On the 21st ult., at Avignon, France, the wife of W. W. Ireland, M.D., of a daughter.
On the 24th ult., at Yately, the wife of E. Diver, M.D., of a son.
On the 24th ult., at the District Lunatic Asylum, Inverness, the wife of T. Aitken, M.D., Medical Superintendent, of a son.
On the 25th ult., at Allendale-town, Northumberland, the wife of G. Arnison, M.R.C.S.E., of a son.
On the 26th ult., at Southwark-bridge-road, the wife of John Sheeman, L.R.C.P., of a daughter.
On the 26th ult., at the Avenue, Aspley-Guise, Bedfordshire, the wife of T. N. Trew, M.D., of a daughter.
On the 31st ult., at Davenants, Sible Hedingham, Essex, the wife of Sidney Thorp, M.R.C.S., of a daughter.

MARRIAGES.

On the 21st ult., at Plymouth, Dr. D. Thomson, R.N., to Susan, daughter of the late D. Braily, Esq.
On the 24th ult., at Kenilworth, C. Ballard, M.R.C.S.E., of Hingham, Norfolk, to Elizabeth, daughter of C. Bliss, Esq., of Kenilworth.
On the 25th ult., at Hove, T. Williams, M.D., of Swansea, to Eliza Dennis daughter of the late A. C. Ross, M.D., of Madeira.
On the 26th ult., at St. James's, Hatcham, Dr. W. Atkins, of Upper Lewisham-road, Deptford, to Fanny Susannah Shury, daughter of the late G. Daniel, Esq., of Kentish-town.

DEATHS.

On the 12th of Dec., J. P. Irvine, L.R.C.P.Ed., of Galgate, Lancaster.
On the 5th ult., at New York, Dr. D. Harrington, a native of Kerry, Ireland, aged 60.
On the 19th ult., Chas. Alfred Covernton, only son of J. S. Loe, Surgeon, of Leeds.
On the 19th ult., at Downpatrick, Co. Down, Dr. J. White.
On the 23rd ult., at Edinburgh, J. Watson, M.D.
On the 23rd ult., at Anglesea, Gosport, J. Maitland, M.D., Deputy Inspector-General of Hospitals, aged 57.
On the 23rd ult., at the Clifton Hotel, Liverpool, Dr. Arthur Callaghan, of Limerick.
On the 24th ult., J. J. Foxwell, M.R.C.S.E., of Park-row, Bristol, aged 33.
On the 25th ult., at Broughty Ferry, Forfarshire, W. B. Wingett, M.D.
On the 26th ult., at Fordanbridge, Fyvie, suddenly, Dr. J. A. Gordan, of Fyvie, aged 58.
On the 26th ult., J. Conway, M.D., of West Blackhall-street, Greenock.
On the 27th ult., at Wednesbury, Staffordshire, James Duce, M.R.C.S.E., aged 28.
On the 27th ult., at Harting, Peterafield, Sussex, Wm. Curtis, M.R.C.S.E., aged 60.
On the 29th ult., at Hanley, Staffordshire, Marian Ellen, daughter of W. H. Folker, F.R.C.S., aged 4 years and 10 months.
On the 29th ult., J. Girdwood, L.R.C.S.Ed., of Falkirk, Stirlingshire, aged 67.

To Correspondents.

INDIAN ARMY MEDICAL SERVICE.

It has been arranged that the next examination of candidates for the appointment of assistant-surgeon in her Majesty's Indian medical service shall be conducted at the same time, and at the same place, as that for the army medical service. This examination is announced to take place at Chelsea Hospital on the 20th instant. Before entering on this competition, candidates should ascertain whether the rumoured withdrawal of the Indian Warrant be well founded. It is not *denied* at present by the officials, although not admitted. If there be a shadow of truth in the rumour, it will be madness for any medical man to enter the service. Candidates should at once ascertain the truth by direct application to the highest sources. They would be entitled to demand a reply. It might be well to do so *en masse*.

A. F. F.—Kreasote, hydrocyanic acid, oxalate of cerium, very small doses of the sulphate of magnesia, nitrate of silver, bismuth, magnesia, effervescing draughts, ice, &c. &c., are the agents having an especial antiemetic reputation. The new remedy proposed by Dr. Chapman in sea-sickness is the application of ice to the spine. See the report of the proceedings of the Royal Medical and Chirurgical Society in the present number of THE LANCET.

Mr. J. F. Wilkis.—Due attention shall be paid to the request.

UNREDRESSED GRIEVANCES OF THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Now that Sir Charles Wood has been induced, mainly by the exertions of the press, to grant the Indian service a liberal Warrant, I trust you will not relax your exertions on behalf of the army medical service, but endeavour to obtain for us like concessions—that is, an equal amount of pay while in India; promotion after a fixed period, say twelve years, and retirement after seventeen or twenty years. At present the prospect of promotion for any one who entered the service since 1858 is absolutely *nil*. At the present rate it would take forty years to promote an assistant-surgeon who enters the service in February next. This is on account of the large number of men who entered in the Crimean and mutiny years, and it must be remembered that all an assistant-surgeon's time in the general service is passed in a subordinate position, whereas his Indian brother is in charge of a regiment or civil station for almost his whole service. Then as to retirement, an Indian medical officer only serves seventeen years for pension, or fifteen years if he takes no furlough. In the Queen's, no furlough is allowed, and he must serve twenty-five years to entitle him to a paltry 17*s.* 6*d.* a day at most. The absurdity of paying the Queen's service in India much worse than the local must, one would think, be evident even to the official mind. The very foundation of our empire rests on the European soldier. One European regiment is worth a native army. Even in a money point of view, the European soldier is the most valuable article in India, and the men to whose care the health of the English soldier is entrusted are only paid about half as much as men of the same standing in the local service, who only have charge of natives.

The authorities go into an open market, offering two prices. First, the Indian local service: handsome pay, certain promotion, an independent position for the whole service, and early retirement. Secondly, the Queen's service: small pay (about half the other), a subordinate position for the first *forty years*, and late retirement. What class of men do they expect to get for the general service? All will, of course, go in for the local Indian, and the Queen's must be content with the failures—that is, men who are too ill-informed to be entrusted with the care of native troops are thought good enough for the Queen's army.

It is very nice to snub the doctors, and refuse them the liberal terms Sir Charles Wood is giving to his service; but when such snubbing entails incompetent medical officers, not only for the soldiers, but for the officers, their wives, and families, under the trying circumstances of Indian life, and without the possibility of obtaining civil medical advice, one would think that the luxury was rather too dearly purchased.

I am, Sir, yours obediently,
A STAFF ASSISTANT-SURGEON.

J. W.—The only reply we can make to our correspondent is one made by the late Mr. Abernethy to a gentleman who wanted Mr. Abernethy's opinion on his case—"Take advice;" and let it be the advice of a respectable medical man.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following sums have been received in aid of the above Fund:—

Dr. M. Duncan, Edinburgh	£1	0	0
Dr. Graham, Epsom	1	1	0
Dr. Bannister, Notting-hill	0	5	0
W. M. K., Taunton	0	5	0

Executor.—1. The book could be translated by any person if the author had not retained the privilege of translation.—2. It is entirely a matter of arrangement.

A Subscriber, (Sheffield.)—No formula, so far as we KNOW, has been made public.

THE PREVENTION OF ACCIDENTAL POISONING.

To the Editor of THE LANCET.

SIR,—I was last night called to a patient whose servant had given her some of the compound tincture of iodine instead of an anodyne draught. The two bottles were distinctly labeled, but resembled each other in size and shape, and they had unfortunately been placed together on the mantel-piece. There was nothing remarkable in the case. Vomiting was spontaneous and free, so that the employment of the usual starch containing antidotes terminated the case favourably. I mention it as an additional testimony to the necessity of employing some distinctive shape for all bottles containing poisonous applications in lieu of trusting simply to the label.

I am, Sir, your obedient servant,
Kenilworth, Jan. 26th, 1865. D. R. WYNTER, M.R.C.S. Eng.

HALSTEAD COUNTY COURT: CORNELL *v.* BOSHAM.

MUCH irrelevant matter was introduced into this action. On the whole, we think the judge acted with great discretion and with strict impartiality. We are at a loss to understand, however, from a report in the local paper furnished to us, whether the defendant's charges were admitted or not. It is to be presumed from the evidence given that it is not disputed that he is entitled to the sum of one guinea. There are two questions involved in the inquiry. The first refers to the credibility to be attached to the witnesses on both sides. The second is as to the fairness of the charge made by the defendant. The judge had the best means of forming an opinion on the first point, as he had the parties before him. On the second issue we are compelled to admit that the sum of one guinea appears to us to be sufficient. The article in THE LANCET to which the defendant referred does not bear the construction which he placed upon it. It is admitted on all hands that there should be a conventional scale of charges in certain exceptional cases; but these charges, it is presumed, should be of a fair and reasonable character. Were they so in the present instance? We think not. Taking into consideration the position of the plaintiff and the nature of the operation, we think that a surgeon under the conventional arrangement to which the defendant alluded would be properly remunerated by a charge of one guinea. Notwithstanding the motives which the defendant imputed to the medical witnesses, we think these gentlemen gave their evidence fairly and impartially. It is to be regretted that the defendant did not render his account at the time it was applied for by the plaintiff. With regard to the opinions expressed by the judge and the attorney who conducted the plaintiff's case as to the value of the Edinburgh licence, they are of little weight. They were evidently formed upon imperfect acquaintance with the real facts of the case. The irregular mode in which during the "year of grace" the College admitted licentiates into their body is, no doubt, open to criticism. This point, however, had no proper bearing upon the issue, and its discussion would have been better avoided. With this opinion the judge appeared to coincide. It is right to state that the question in the above trial was—What was the proper charge to a tradesman for extracting a needle which was for some weeks in the hand of his wife, and whether an abortive attempt at extraction was to be considered as an operation, and charged for separately? The plaintiff sued the defendant for goods supplied. The defendant pleaded a set-off for £3 17*s.* for the operation in question.

A. Y. Z., (Manchester.)—It is a well-known fact, and may be found stated in any book on Physiology.

Alfred E. H. should apply to some respectable surgeon.

DR. CARSON'S MODE OF SLAUGHTERING ANIMALS FOR FOOD FOR MANKIND.

Mr. P. M. Carson, of Liverpool, sends the annexed instructions in reply to the inquiry of Mr. R. N. C. Davies:—

"The most efficient and convenient way for killing sheep, &c., is to suspend the animal by the fore-feet to a tackle, allowing the hind-feet to be suspended a little above the ground. Attach a fifty-six pound weight to the hind-feet to keep the animal steady. Let your insertions on each side of the chest be at least *one inch* in length. The test should be a hollow tube, to allow the atmospheric air to enter freely into the chest; or if a tube cannot be conveniently had, keep the insertions open with your fingers, to keep the ribs separate, to allow the atmosphere to enter, and keep them open until the animal dies. In pithing, be careful to do it in the right place, in order that blood may not be lost; or if you send a sharp instrument into the brain, that will answer the purpose. In the hands of one who has practised the operation, the animal will die at furthest in two minutes. The operation, though simple, requires some practice, and the operator may not succeed perhaps in killing speedily on the first trial. When the animal is dead, let it hang for two or three minutes; then put it on a cradle, and stick it. Venous blood, which contains the recrement of the body, will flow slowly away, and by the loss of this blood the carcase may be said to be depurgated. The meat will keep very well, at this season of the year, for three weeks or a month. In the operation, care should be taken not to puncture the heart."

Ajax.—The bromide of potassium has been employed in certain genito-urinary complaints and the nervous results which follow. It has also some reputation as an hypnotic.

Dr. Morris, (Newbury.)—By the payment of one guinea per annum.

Indiana.—A very able article on the subject appears in the *Delhi Gazette* of September 1st, 1864.

F. H. R.—It is customary; but there is a question as to its legality.

THE UNGUENTUM ACONITIÆ OF THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—This preparation of aconitine, ordered by the British Pharmacopœia, consists of eight grains of the alkaloid to an ounce of lard. That this is too strong I have little doubt, after having seen the effect thereof in the following case:—

A lady who had been suffering severely from neuralgia had the above-named application prescribed for her by a medical friend. On the following morning, not being within reach of the prescriber, she called upon me in a state of great alarm, excited by severe pain and pricking sensations in the parts on which the ointment had been rubbed—viz., the forehead, portion of the scalp, and the nose. She described the pain as being worse than that of the neuralgia for which the remedy had been ordered. "It was," she said, "as if some one were forcibly drawing up the skin with pliers, and dragging it off her head." These symptoms disappeared entirely in about forty-eight hours. I merely prescribed a simple alkaline aperient, giving her at the same time strong assurance that no further harm would come.

I remain, Sir, your obedient servant,
Holloway, January 28th, 1865. W. B. KESTEVEN, F.R.C.S.

A. J. H. B.—There can be no doubt that a medical Coroner should not hold any public medical appointment in which it is possible that he might be called upon to adjudicate on his own conduct. Attendance on a Club to a certain extent comes within this limit. It must be remembered, however, that Dr. Birt Davies was Coroner for Birmingham and Physician to the Hospital, and that most of the medical Coroners in England and Wales are in actual practice.

HEARTBURN IN PREGNANCY.

C. M. J. would esteem it a favour if any of our readers could inform him of the best remedy for heartburn, which is often so distressing during the period of gestation.

WE have received £1 1s. from Dr. FOX, of Broughton, towards the Griffin Testimonial Fund.

J. C. L.—Yes, he is entitled to practise. It is doubtful how far he could recover his charges at law.

Enquirer.—1. A. T. Thomson on Diseases of the Skin, edited by Dr. Parkes. 2. Dr. T. Fox on Parasitic Skin Diseases. — 3. Mr. Squire's Photographic Plates illustrative of Cutaneous Affections.—4. Wilson on Diseases of the Skin.

MR. POWDRELL'S CASE OF RETENTION OF URINE.

To the Editor of THE LANCET.

SIR,—Your correspondent, Mr. Powdrell, in THE LANCET of the 14th inst., asks, "How would it have fared with me had I left the case to nature?" Without knowing how this gentleman is situated locally it is impossible to answer the question, as in a majority of instances it is not anxiety for the welfare of the pauper which originates crusades against public officers.

Some rather startling revelations in connexion with this subject will be made before a Committee to be appointed immediately upon the meeting of Parliament to inquire into the causes and legality of my dismissal as the medical officer of this district.

With respect to the *law* of the case, Mr. Powdrell would not have been justified in resorting to force to compel the pauper to submit to the introduction of the catheter. This point is explained in "Glen's Poor-law Board Orders," pp. 141 and 142.—I am, Sir, your obedient servant,

BENJ. BAKER,

Brentwood, Jan. 21st, 1865. Late Medical Officer of the Billericay Union.

H. H. R.—No Act of Parliament could be framed to meet every possible contingency. Our correspondent is evidently on the alert, and will do well to suggest to the Medical Council his views on the proposed Amendment of the Medical Act.

Student.—The term "typhoid" is used both in a general and a special sense; "typhus" only in the latter way.

Dr. John A. Bolton is thanked for his communication. The enclosed documents shall be used on the first suitable occasion.

Anamnesis.—We know of no profitable scope for such abilities.

LIEBIG'S FOOD FOR INFANTS.

M.R.C.S., writing on this subject, says:—

"Your correspondents hitherto having merely advocated its merits from the scientific principles upon which it is based, I am anxious to say that my experience fully corroborates their favourable opinions.

"I was some time ago called to visit a German lady, suffering from phthisis. During a somewhat lengthened attendance upon her, as well as upon some of her friends, I could but remark upon the healthy and robust appearance of the young children in the families where I visited, more especially as compared with the generality of Londoners. In answer to my queries, I was told that this Liebig's food was their sole diet; that, in fact, it was with difficulty they could be induced to taste anything else. Finding, moreover, that it was prepared for them by a chemist in Bishopsgate-street, City, I have since recommended its use in several instances, the result being highly satisfactory to myself, and beneficial to the children."

A. B. C.—Judging from what we hear, we presume that, like so many of its predecessors, the drug referred to has had its day. The herbalists in Covent-garden could, we suppose, supply this article, as well as the other mentioned by our correspondent.

Alpha.—The law would probably not have a retrospective effect, and therefore the title might be retained.

Mr. E. N. Lipscomb, (Tring.)—Almost any respirator will answer, and can be ordered of a chemist.

Medicus Studiosus.—No work on the subject has been published of late years. Dr. Wiblin's volume, we believe, is the last that appeared.

DUTIES OF GRAND JURIES.

To the Editor of THE LANCET.

SIR,—Mr. Steele, at the Liverpool meeting, made a singularly *malapropos* remark in reference to grand juries—viz.: "Grand juries never ventured to cut or to find a bill without hearing the evidence on *both* sides. (Hear.)"

Grand juries *never* hear any evidence for the defence. They merely examine as many witnesses, whose names are on the back of the bill, as will convince them that there is or is not a *prima facie* case to send into court for trial. I served for many years on the grand jury of a neighbouring county.

I am, Sir, yours, &c.,

Colchester, Jan. 30th, 1865. C. K. BREE, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Jenner; Prof. Syme; Mr. Cooper; Mr. Holmes, Blackburn; Mr. Briggs; Dr. Bree, Colchester; Dr. Potherby; Mr. Colman; Mr. Bon, Patricroft; Mr. Child, Oxford; Mr. Edmonds; Mr. Haworth, Keighley; Dr. Morell Mackenzie; Mr. Parry; Mr. Folker, Hanley; Mr. Proctor (with enclosure); Mr. Hiron, Birmingham; Mr. Taylor (with enclosure); Dr. Lowe, Lincoln; Mr. Thorp, Sible Hedingham; Mr. Hicks, St. Davids; Dr. Lorimer, Ashton; Mr. F. Sutton, Thorpe; Dr. Schofield; Mr. Hammond, Preston; Mr. Cumming; Dr. Williams, Lendfield; Mr. Carson; Dr. Weston, Shirley; Dr. Black; Dr. Henry; Mr. Dolby; Mr. Arnold; Mr. Maule, Margate; Mr. Stedman; Mr. Woodford; Mr. Crasier; Mr. Evans, Chester; Sir W. Wilde; Mr. Hill; Dr. Constable, Lanchars; Mr. Wilkin, Staplehurst; Mr. Brown (with enclosure); Mr. Pollard; Dr. Macleod, Kowie (with enclosure); Mr. Wynter, Kenilworth; Mr. Stamford (with enclosure); Mr. Rains; Mr. Metcalfe; Dr. Stewart; Mr. Manning; Dr. Page, Portsea; Mr. Kesteven; Dr. Morris, Newbury; Mr. Cox; Mr. Reed; Mr. Ashton; Mr. Woodward; Dr. Althaus; Mr. Parry; Mr. Lipscomb; Mr. Lorraine (with enclosure); Mr. Graham; Mr. Robertson; Mr. R. Lee, New Brompton; Rev. C. H. Taylor, Pidley; Mr. Lee, Leeds; Mr. Buchanan (with enclosure); Mr. Roulston; Mr. Bell; Mr. Wigg; Dr. Kempthorne; Mr. Carpenter; Mr. Hartly; Mr. Hughes; Dr. Bolton, Leicester; Mr. Parsons, Bristol; Mr. Wesley; Chirurgus; G. A.; T. C. B.; E. R.; Justice; A Subscriber; W. C.; The Interested; M.R.C.S. (with enclosure); B. H.; Physician and Surgeon; M.D. Edin.; J. P.; H. H. R.; Medicine Studiosus; Ethnological Society; Alpha, India; Executor; &c. &c.

THE *Surrey Advertiser*, the *Oxford Times*, the *Allahabad Observer*, and the *Calcutta Englishman* have been received.

Medical Diary of the Week.

Monday, Feb. 6.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting of Members.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Babington: "Suggestions for the Diminution of Venereal Disease among the Civil Population."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. E. Symes Thompson: "Notes on Cases of Tumour in the Mediastinum." — Mr. Teevan, "On certain Fractures of the Skull."

Tuesday, Feb. 7.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
ETHNOLOGICAL SOCIETY OF LONDON. — 8 P.M. Prof. Busk, "On Human Remains from Gibraltar."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 8.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
HUNTERIAN SOCIETY. — 7 P.M. Annual General Meeting. — 8 P.M. Annual Oration by Mr. Hutchinson.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Lettsomian Lectures: Mr. Henry Smith, "On some points connected with Fistula in Ano."

Thursday, Feb. 9.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, Feb. 10.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
HUNTERIAN SOCIETY.—6 P.M. Annual Dinner at the London Tavern.
ROYAL INSTITUTION.—8 P.M. Mr. W. G. Palgrave, "On Arabia."

Saturday, Feb. 11.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Marshall, "On the Nervous System."

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